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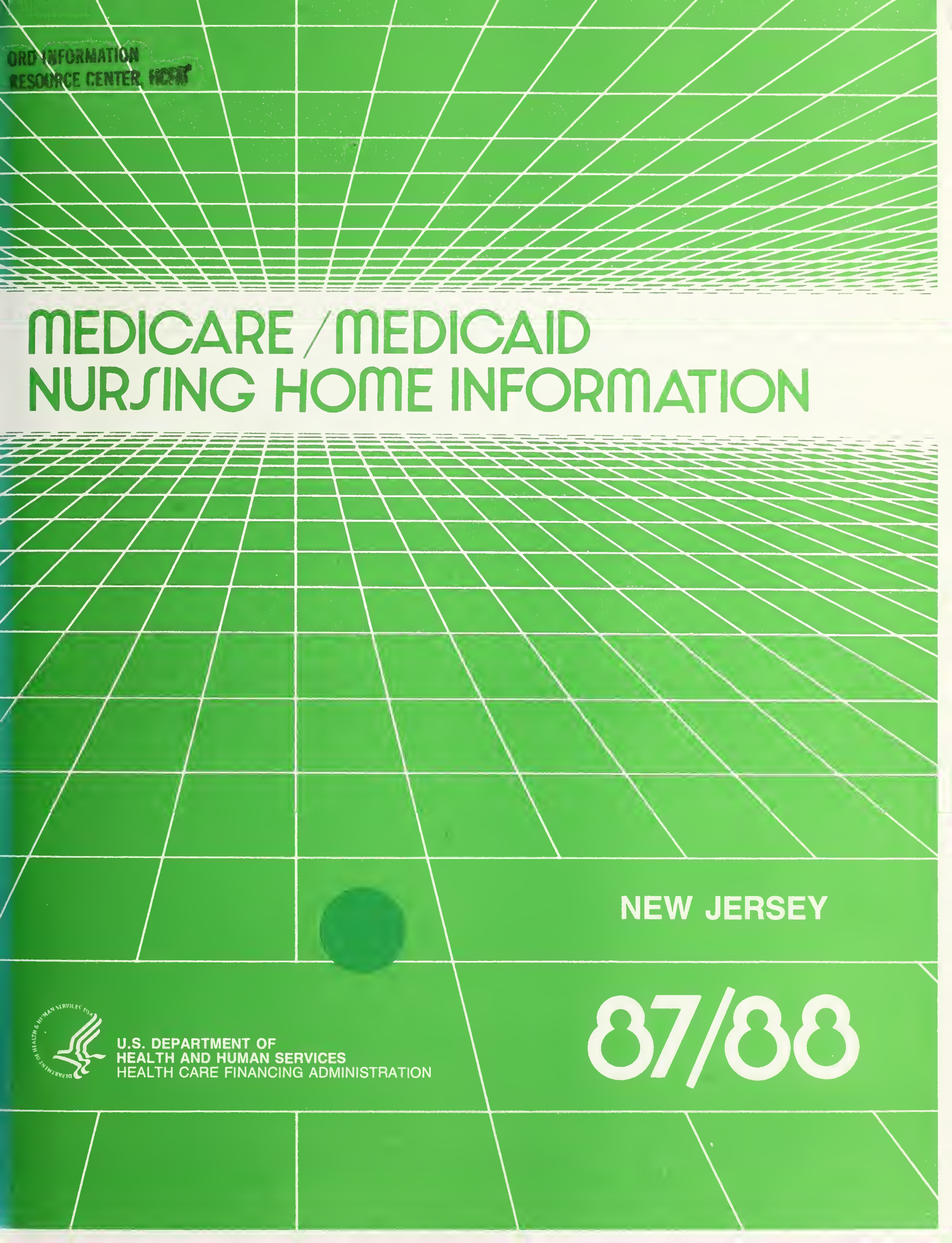
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

NEW JERSEY

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
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1998
New Jersey

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

NEW JERSEY

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of New Jersey
DEPARTMENT OF HEALTH
HEALTH FACILITIES EVALUATION
CN 367, TRENTON, N.J. 08625-0367

MOLLY JOEL COYE, M.D., M.P.H.
COMMISSIONER

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

Authority for New Jersey state licensure activities comes from the Health Care Facilities Planning Act. The Planning Act clearly declares it to be the public policy of the State that health care services of the highest quality, of demonstrated need, at a reasonable cost, be efficiently provided and properly utilized in order to provide for the protection and promotion of the health of the citizens of New Jersey.

Licensure of all health care facilities, according to the mandates of the Planning Act, is carried out by the Division of Health Facilities Evaluation of the New Jersey State Department of Health. Division activities are carried out by four major operating units which oversee construction and monitor physical plant safety, evaluate patient care through the inspection process, license and recommend certification of health care providers, and develop new initiatives through the licensure reform project. New long term licensure regulations developed by the licensure reform project became effective June 20, 1988. The regulations include advisory as well as mandatory requirements. The addition of the advisory standards provides an evaluative tool by which consumers can compare the level of services provided by various nursing homes.

Each nursing home is inspected at least twice during the first year of operation and at least annually thereafter. When violations are found on an inspection, a reinspection is always conducted to verify corrective action. A recommendation for continued licensure or penalty action stems from the inspection process. In addition, the division investigates every complaint received about the quality of health care services in licensed facilities.

THE LICENSURE PROCESS

The Department has adopted the following process leading to the issuance of a long term care facility license:

1. Certificate of Need

2. Completed licensure application and fee

3. Local approval in zoning, building, fire and health

4. State approval of the physical plant

5. Department of Health pre-operation survey

6. Office conference with operator

7. Phase-in patients.

OVERVIEW OF ENFORCEMENT SYSTEM

The Department has adopted the following process for taking enforcement action against a licensed long term care facility:

THE PENALTY PROCESS:

1. Curtailment of admissions
2. Fine of up to $1,000 per violation per day
3. Suspension of license and removal of patients
4. Provisional license
5. Revocation of license
6. Receivership

In addition, the Health Care Facilities Planning Act was amended in 1986 to establish the Health Care Facilities Improvement Fund. This fund gives the Department the authority and the financial resources to take corrective action in a health care facility which is in violation of a licensure standard and in which the owner or operator is unwilling or unable to make the necessary corrections. All monies collected from penalties are deposited in this dedicated fund. The fund enables the Department of Health to protect the health and safety of patients in any circumstance that might occur.

RESOURCES AVAILABLE TO CONSUMERS

NEW JERSEY STATE DEPARTMENT OF HEALTH

Division of Health Facilities Evaluation
300 Whitehead Road
CN 367
Trenton, NJ 08625-0367
1-800-792-9770
609-588-7725

The Department of Health inspects and licenses all nursing homes in New Jersey.

The Department also provides lists of licensed nursing homes, deficiency and descriptive profiles of individual nursing homes, and a New Jersey Consumer Guide To Selecting A Nursing Home. This information on selecting a nursing home can be obtained free of charge by calling 1-800-367-6543 or 609-588-7726.

The Department of Health also investigates all complaints received about the quality of patient care in licensed facilities. To file a complaint, call 1-800-792-9770.

The results of all nursing home surveys are available for review at the office of the Department of Health. Copies may be purchased for a nominal charge.

NEW JERSEY STATE OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY

28 West State Street
CN 808
Trenton, NJ 08625-0808
1-800-292-8016
600-292-8016

This office is an independent advocate for nursing home patients. The Office of the Ombudsman investigates complaints, monitors the effectiveness of regulatory agencies, and is the primary agency for investigating allegations of abuse against the elderly.

NEW JERSEY STATE DEPARTMENT OF HUMAN SERVICES

Division of Medical Assistance and Health Services
7 Quakerbridge Plaza
CN 712
Trenton, New Jersey 08625-0712
609-588-2630

The Division of Medical Assistance administers the Medicaid program in New Jersey. This office will provide information on medical eligibility for Medicaid coverage for nursing home care. There are 16 Medicaid District offices throughout the state which can be located through local telephone directories or through the main information number above.

The Division of Medical Assistance publishes a Guide to Long Term Care and Community Services in New Jersey.

The Division of Medical Assistance will also investigate any allegations of Medicaid fraud or abuse of Medicaid funds.

NEW JERSEY STATE DEPARTMENT OF COMMUNITY AFFAIRS

Division on Aging
363 West State Street
CN 807
Trenton, New Jersey 08625-=0807
1-800-792-8820

The Division on Aging provides information and referrals to a wide range of services for the elderly throughout the state.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ABSECON MANOR NURSING REHAB CENTER

Street Address: 1020 PITNEY ROAD	**City and State:** ABSECON NJ 08201

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	69.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	83.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	78.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	86.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.1	34.6	37.7
Completely bedfast residents.	2	2.1	2.2	3.4
Residents confined to chairs.	51	53.7	51.5	50.8
Residents requiring restraints.	34	35.8	39.5	41.3
Confused or disoriented residents.	38	40.0	61.4	58.4
Residents with bed sores.	9	9.5	8.0	7.1
Residents receiving special skin care.	21	22.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLENDALE NH

Street Address: 85 HARRETON RD		**City and State:** ALLENDALE NJ 07401	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	88.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	89.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	91.6	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	65.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	30.3	34.6	37.7
Completely bedfast residents.	6	5.0	2.2	3.4
Residents confined to chairs.	60	50.4	51.5	50.8
Residents requiring restraints.	47	39.5	39.5	41.3
Confused or disoriented residents.	86	72.3	61.4	58.4
Residents with bed sores.	4	3.4	8.0	7.1
Residents receiving special skin care.	26	21.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
G L THOMPSON MEDICAL HOME

Street Address: HOSPITAL ROAD		**City and State:** ALLENWOOD NJ 08720	
Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	80.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	59	83.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	53	74.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	83.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	66.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	26.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	59	83.1	51.5	50.8
Residents requiring restraints.	28	39.4	39.5	41.3
Confused or disoriented residents.	52	73.2	61.4	58.4
Residents with bed sores.	2	2.8	8.0	7.1
Residents receiving special skin care.	43	60.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDOVER INTERMEDIATE CARE CENTER

Street Address: PO BOX 2 MULFORD ROAD	**City and State:** ANDOVER NJ 07821

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 540	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 531	**Medicare Residents:** 0	**Medicaid Residents:** 446

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	433	81.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	418	78.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	380	71.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	411	77.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	309	58.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	12	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	188	35.4	34.6	37.7
Completely bedfast residents.	2	0.4	2.2	3.4
Residents confined to chairs.	232	43.7	51.5	50.8
Residents requiring restraints.	277	52.2	39.5	41.3
Confused or disoriented residents.	361	68.0	61.4	58.4
Residents with bed sores.	44	8.3	8.0	7.1
Residents receiving special skin care.	118	22.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDOVER NURSING CONVALESCENT HOME

Street Address: LIMECREST RD		**City and State:** ANDOVER NJ 07821	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
154	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	76.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	90.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	81.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	79.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	73.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	32.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	110	71.4	51.5	50.8
Residents requiring restraints.	103	66.9	39.5	41.3
Confused or disoriented residents.	81	52.6	61.4	58.4
Residents with bed sores.	11	7.1	8.0	7.1
Residents receiving special skin care.	58	37.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALVATION ARMY RETIRED OFFICERS RES

Street Address: 210 FIFTH ST		**City and State:** ASBURY PARK NJ 07712	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	87.5	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	15	93.8	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	9	56.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	62.5	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	40.9	59.1
Residents on individually written bowel and bladder retraining program.	1	6.3	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	12.5	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	3	18.8	23.0	39.1
Residents requiring restraints.	1	6.3	19.9	31.7
Confused or disoriented residents.	8	50.0	54.5	55.8
Residents with bed sores.	1	6.3	1.8	4.7
Residents receiving special skin care.	1	6.3	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTERN PINES CONVALESCENT CENTER

Street Address: 29 N VERMONT AVENUE	**City and State:** ATLANTIC CITY NJ 08401

Participation: MEDICAID ICF	**# of Beds:** 208	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	48.9	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	116	83.5	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	75	54.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	74.1	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	34.5	40.9	59.1
Residents on individually written bowel and bladder retraining program.	3	2.2	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	18.0	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	47	33.8	23.0	39.1
Residents requiring restraints.	33	23.7	19.9	31.7
Confused or disoriented residents.	80	57.6	54.5	55.8
Residents with bed sores.	4	2.9	1.8	4.7
Residents receiving special skin care.	13	9.4	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING DAVID CARE CENTER

Street Address: 166 SOUTH CAROLINA AVE	**City and State:** ATLANTIC CITY NJ 08401

Participation: MEDICAID SNF/ICF	**# of Beds:** 372	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 363	**Medicare Residents:** 0	**Medicaid Residents:** 345

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	213	58.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	262	72.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	218	60.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	220	60.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	205	56.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	0.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	22.0	34.6	37.7
Completely bedfast residents.	9	2.5	2.2	3.4
Residents confined to chairs.	154	42.4	51.5	50.8
Residents requiring restraints.	28	7.7	39.5	41.3
Confused or disoriented residents.	231	63.6	61.4	58.4
Residents with bed sores.	26	7.2	8.0	7.1
Residents receiving special skin care.	70	19.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEANSIDE CONVALESCENT CENTER

Street Address: 401 BOARDWALK	**City and State:** ATLANTIC CITY NJ 08401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 1	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	94.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	91.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	89	87.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	76.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	90.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	92.2	34.6	37.7
Completely bedfast residents.	13	12.7	2.2	3.4
Residents confined to chairs.	38	37.3	51.5	50.8
Residents requiring restraints.	15	14.7	39.5	41.3
Confused or disoriented residents.	96	94.1	61.4	58.4
Residents with bed sores.	14	13.7	8.0	7.1
Residents receiving special skin care.	14	13.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEASHORE GARDENS

Street Address: 3850 ATLANTIC AVE	**City and State:** ATLANTIC CITY NJ 08401

Participation: MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	86.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	113	79.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	73	51.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	59.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	49.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	21.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	5	3.5	51.5	50.8
Residents requiring restraints.	26	18.2	39.5	41.3
Confused or disoriented residents.	48	33.6	61.4	58.4
Residents with bed sores.	4	2.8	8.0	7.1
Residents receiving special skin care.	10	7.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSIDE CONVALESCENT CENTER

Street Address: 2153 VENICE AVE	**City and State:** ATLANTIC CITY NJ 08401

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	30	NON-PROFIT OTHER	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	24	80.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	23	76.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	63.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	36.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	20	66.7	51.5	50.8
Residents requiring restraints.	1	3.3	39.5	41.3
Confused or disoriented residents.	14	46.7	61.4	58.4
Residents with bed sores.	5	16.7	8.0	7.1
Residents receiving special skin care.	2	6.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATLANTIC HIGHLANDS NH

Street Address: 8 MIDDLETOWN AVE	**City and State:** ATLANTIC HIGHLANDS NJ 07716

Participation: MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 0	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	86.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	140	91.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	112	73.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	68.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	73.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	45.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	83	54.2	51.5	50.8
Residents requiring restraints.	38	24.8	39.5	41.3
Confused or disoriented residents.	117	76.5	61.4	58.4
Residents with bed sores.	6	3.9	8.0	7.1
Residents receiving special skin care.	22	14.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARNEGAT NURSING CENTER

Street Address: 857 WEST BAY AVE	**City and State:** BARNEGAT NJ 08005

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 1	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	68.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	79	69.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	78	69.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	73.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	76.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	5.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.9	34.6	37.7
Completely bedfast residents.	5	4.4	2.2	3.4
Residents confined to chairs.	38	33.6	51.5	50.8
Residents requiring restraints.	32	28.3	39.5	41.3
Confused or disoriented residents.	53	46.9	61.4	58.4
Residents with bed sores.	3	2.7	8.0	7.1
Residents receiving special skin care.	12	10.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYVIEW CONVALESCENT CENTER INC

Street Address: LAKESIDE BLVD	**City and State:** BAYVILLE NJ 08721

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 323	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 319	**Medicare Residents:** 4	**Medicaid Residents:** 288

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	279	87.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	282	88.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	235	73.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	229	71.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	223	69.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	3.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	27.6	34.6	37.7
Completely bedfast residents.	3	0.9	2.2	3.4
Residents confined to chairs.	150	47.0	51.5	50.8
Residents requiring restraints.	103	32.3	39.5	41.3
Confused or disoriented residents.	203	63.6	61.4	58.4
Residents with bed sores.	21	6.6	8.0	7.1
Residents receiving special skin care.	48	15.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARA MAASS CONTINUING CARE

Street Address: ONE FRANKLIN AVE	**City and State:** BELLEVILLE NJ 07109

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	76.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	45	90.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	78.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	76.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	3	6.0	51.5	50.8
Residents requiring restraints.	9	18.0	39.5	41.3
Confused or disoriented residents.	22	44.0	61.4	58.4
Residents with bed sores.	2	4.0	8.0	7.1
Residents receiving special skin care.	26	52.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESSEX CO GERIATRIC CENTER

Street Address: 520 BELLEVILLE AVE		**City and State:** BELLEVILLE NJ 07109	
Participation: MEDICAID SNF/ICF	**# of Beds:** 332	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
322	0	322

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	256	79.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	271	84.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	209	64.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	297	92.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	229	71.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	3.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	158	49.1	34.6	37.7
Completely bedfast residents.	14	4.3	2.2	3.4
Residents confined to chairs.	205	63.7	51.5	50.8
Residents requiring restraints.	160	49.7	39.5	41.3
Confused or disoriented residents.	263	81.7	61.4	58.4
Residents with bed sores.	33	10.2	8.0	7.1
Residents receiving special skin care.	100	31.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWER LODGE NH

Street Address: 1506 GULLY RD	**City and State:** BELMAR NJ 07719

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 1	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	72.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	48	81.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	47	79.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	79.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	17	28.8	51.5	50.8
Residents requiring restraints.	54	91.5	39.5	41.3
Confused or disoriented residents.	30	50.8	61.4	58.4
Residents with bed sores.	3	5.1	8.0	7.1
Residents receiving special skin care.	19	32.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERKELEY HALL NH

Street Address: 311 SPRINGFIELD AVE		**City and State:** BERKELEY HEIGHTS NJ 07922	
Participation: MEDICAID SNF/ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	82.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	51	81.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	48	76.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	77.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	71.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	42.9	34.6	37.7
Completely bedfast residents.	3	4.8	2.2	3.4
Residents confined to chairs.	35	55.6	51.5	50.8
Residents requiring restraints.	32	50.8	39.5	41.3
Confused or disoriented residents.	31	49.2	61.4	58.4
Residents with bed sores.	3	4.8	8.0	7.1
Residents receiving special skin care.	5	7.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERKELEY HEIGHTS CONVALESCENT CENTER

Street Address: 35 COTTAGE ST	**City and State:** BERKELEY HEIGHTS NJ 07922

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 1	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	75.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	84	74.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	61.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	54.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	64.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.4	34.6	37.7
Completely bedfast residents.	11	9.7	2.2	3.4
Residents confined to chairs.	61	54.0	51.5	50.8
Residents requiring restraints.	41	36.3	39.5	41.3
Confused or disoriented residents.	71	62.8	61.4	58.4
Residents with bed sores.	9	8.0	8.0	7.1
Residents receiving special skin care.	23	20.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN E RUNNELLS HOSP

Street Address: VALLEY RD PLAINFIELD AVE		**City and State:** BERKELEY HEIGHTS NJ 07922	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 221	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 206	**Medicare Residents:** 0	**Medicaid Residents:** 157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	177	85.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	184	89.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	164	79.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	94.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	68.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	35.4	34.6	37.7
Completely bedfast residents.	1	0.5	2.2	3.4
Residents confined to chairs.	133	64.6	51.5	50.8
Residents requiring restraints.	154	74.8	39.5	41.3
Confused or disoriented residents.	133	64.6	61.4	58.4
Residents with bed sores.	25	12.1	8.0	7.1
Residents receiving special skin care.	119	57.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

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NURSING HOME PROFILE
HAZELCREST MANOR NH

Street Address: 60 HAZELWOOD RD		**City and State:** BLOOMFIELD NJ 07003	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	70.6	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	15	88.2	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	13	76.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	70.6	40.9	59.1
Residents on individually written bowel and bladder retraining program.	1	5.9	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	29.4	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	11	64.7	23.0	39.1
Residents requiring restraints.	8	47.1	19.9	31.7
Confused or disoriented residents.	8	47.1	54.5	55.8
Residents with bed sores.	1	5.9	1.8	4.7
Residents receiving special skin care.	5	29.4	12.7	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOB HAINES HOME FOR THE AGED

Street Address: 250 BLOOMFIELD AVE	**City and State:** BLOOMFIELD NJ 07003

Participation: MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	12	52.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	10	43.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	52.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	43.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	6	26.1	51.5	50.8
Residents requiring restraints.	8	34.8	39.5	41.3
Confused or disoriented residents.	9	39.1	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	3	13.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NURSING HOME

Street Address: 15 CHURCH ST		**City and State:** BLOOMFIELD NJ 07003	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	28	93.3	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	28	93.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	43.3	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	13	43.3	23.0	39.1
Residents requiring restraints.	9	30.0	19.9	31.7
Confused or disoriented residents.	15	50.0	54.5	55.8
Residents with bed sores.	1	3.3	1.8	4.7
Residents receiving special skin care.	5	16.7	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE HOPS RESPIRATORY CARE SNU

Street Address: POWERVILLE RD		**City and State:** BOONTON NJ 07005	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 17	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 2	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	46.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	14	93.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	15	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	80.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	33.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	33.3	34.6	37.7
Completely bedfast residents.	3	20.0	2.2	3.4
Residents confined to chairs.	7	46.7	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	3	20.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOMERSET VALLEY NH

Street Address: ROUTE 22 P O BOX 351	**City and State:** BOUND BROOK NJ 08805

Participation: MEDICARE SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	96.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	51	96.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	47	88.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	88.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	75.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	58.5	34.6	37.7
Completely bedfast residents.	2	3.8	2.2	3.4
Residents confined to chairs.	17	32.1	51.5	50.8
Residents requiring restraints.	11	20.8	39.5	41.3
Confused or disoriented residents.	27	50.9	61.4	58.4
Residents with bed sores.	6	11.3	8.0	7.1
Residents receiving special skin care.	4	7.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one time failure of a single staff person	FACILITY MET / NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST MANOR

Street Address: BOX 142	**City and State:** BRANCHVILLE NJ 07826

Participation: MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	63.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	70.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	63.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	63.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	14.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	12	44.4	51.5	50.8
Residents requiring restraints.	6	22.2	39.5	41.3
Confused or disoriented residents.	6	22.2	61.4	58.4
Residents with bed sores.	5	18.5	8.0	7.1
Residents receiving special skin care.	5	18.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURNT TAVERN CONVALESCENT CENTER

Street Address: 1049 BURNTTAVERN RD		**City and State:** BRICK TOWN NJ 08723	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
170	4	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	78.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	69.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	100	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	59.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	9	5.3	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	21.8	34.6	37.7
Completely bedfast residents.	2	1.2	2.2	3.4
Residents confined to chairs.	92	54.1	51.5	50.8
Residents requiring restraints.	57	33.5	39.5	41.3
Confused or disoriented residents.	65	38.2	61.4	58.4
Residents with bed sores.	12	7.1	8.0	7.1
Residents receiving special skin care.	40	23.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGETON NURSING CENTER

Street Address: 99 MANHEIM AVENUE	**City and State:** BRIDGETON NJ 08302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 185	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 2	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	62.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	126	71.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	115	65.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	74.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	63.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	29.4	34.6	37.7
Completely bedfast residents.	7	4.0	2.2	3.4
Residents confined to chairs.	89	50.3	51.5	50.8
Residents requiring restraints.	82	46.3	39.5	41.3
Confused or disoriented residents.	122	68.9	61.4	58.4
Residents with bed sores.	19	10.7	8.0	7.1
Residents receiving special skin care.	49	27.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUMBERLAND MANOR

Street Address: R D 2 CUMBERLAND DRIVE	**City and State:** BRIDGETON NJ 08302

Participation: MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 195	**Medicare Residents:** 0	**Medicaid Residents:** 165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	164	84.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	86.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	66.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	89.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	59.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	40.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	111	56.9	51.5	50.8
Residents requiring restraints.	94	48.2	39.5	41.3
Confused or disoriented residents.	146	74.9	61.4	58.4
Residents with bed sores.	13	6.7	8.0	7.1
Residents receiving special skin care.	44	22.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAINBOW CONVALESCENT CENTER

Street Address: RFD 6-BIG OAK RD	**City and State:** BRIDGETON NJ 08302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	60	75.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	64	80.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	64	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	73.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	68.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	37.5	34.6	37.7
Completely bedfast residents.	1	1.2	2.2	3.4
Residents confined to chairs.	44	55.0	51.5	50.8
Residents requiring restraints.	22	27.5	39.5	41.3
Confused or disoriented residents.	76	95.0	61.4	58.4
Residents with bed sores.	6	7.5	8.0	7.1
Residents receiving special skin care.	8	10.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGEWAY CONVALESCENT CENTER

Street Address: 270 ROUTE 28	**City and State:** BRIDGEWATER NJ 08807

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	85.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	91.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	81.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	76.5	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	79.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	42.6	34.6	37.7
Completely bedfast residents.	7	6.1	2.2	3.4
Residents confined to chairs.	74	64.3	51.5	50.8
Residents requiring restraints.	24	20.9	39.5	41.3
Confused or disoriented residents.	106	92.2	61.4	58.4
Residents with bed sores.	11	9.6	8.0	7.1
Residents receiving special skin care.	25	21.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW JERSEY EASTERN STAR HOME

Street Address: 111 FINDERNE AVE	**City and State:** BRIDGEWATER NJ 08807

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	49.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	36	73.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	25	51.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	67.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	16.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	26	53.1	51.5	50.8
Residents requiring restraints.	16	32.7	39.5	41.3
Confused or disoriented residents.	28	57.1	61.4	58.4
Residents with bed sores.	3	6.1	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURLINGTON WOODS CONVALESCENT CTR/NC

Street Address: 115 SUNSET RD		**City and State:** BURLINGTON NJ 08016	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
175	2	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	84.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	151	86.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	144	82.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	82.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	136	77.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	30.9	34.6	37.7
Completely bedfast residents.	11	6.3	2.2	3.4
Residents confined to chairs.	100	57.1	51.5	50.8
Residents requiring restraints.	87	49.7	39.5	41.3
Confused or disoriented residents.	120	68.6	61.4	58.4
Residents with bed sores.	17	9.7	8.0	7.1
Residents receiving special skin care.	33	18.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASONIC HOME OF NEW JERSEY

Street Address: 902 JACKSONVILLE RD	**City and State:** BURLINGTON NJ 08016

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 339	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 230	**Medicare Residents:** 2	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	54.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	161	70.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	118	51.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	62.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	49.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	20.9	34.6	37.7
Completely bedfast residents.	2	0.9	2.2	3.4
Residents confined to chairs.	126	54.8	51.5	50.8
Residents requiring restraints.	61	26.5	39.5	41.3
Confused or disoriented residents.	116	50.4	61.4	58.4
Residents with bed sores.	9	3.9	8.0	7.1
Residents receiving special skin care.	67	29.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE BROOK NURSING & CONVALESCENT HO

Street Address: PO BOX 398 SLIKER RD	**City and State:** CALIFON NJ 07830

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	28	93.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	86.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	93.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	40.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	16	53.3	51.5	50.8
Residents requiring restraints.	17	56.7	39.5	41.3
Confused or disoriented residents.	15	50.0	61.4	58.4
Residents with bed sores.	3	10.0	8.0	7.1
Residents receiving special skin care.	3	10.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLAZA MEDICAL NURSING FACILITY

Street Address: 2 COOPER PLAZA		**City and State:** CAMDEN NJ 08103	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	1	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	61.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	77.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	73.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	73.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	66.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	36	31.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	50.4	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	74	65.5	51.5	50.8
Residents requiring restraints.	29	25.7	39.5	41.3
Confused or disoriented residents.	66	58.4	61.4	58.4
Residents with bed sores.	11	9.7	8.0	7.1
Residents receiving special skin care.	55	48.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPE MAY CARE CENTER

Street Address: RTE 9 SHORE RD BOX 38	**City and State:** CAPE MAY COURT HOUSE NJ 08210

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	73.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	77.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	61.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	61.1	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	53.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	20.4	34.6	37.7
Completely bedfast residents.	2	1.8	2.2	3.4
Residents confined to chairs.	66	58.4	51.5	50.8
Residents requiring restraints.	45	39.8	39.5	41.3
Confused or disoriented residents.	61	54.0	61.4	58.4
Residents with bed sores.	8	7.1	8.0	7.1
Residents receiving special skin care.	23	20.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COURTHOUSE CONVALESCENT CENTER

Street Address: 144 MAGNOLIA DRIVE		**City and State:** CAPE MAY COURT HOUSE NJ 08210	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	69.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	76.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	78.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.9	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.4	34.6	37.7
Completely bedfast residents.	6	5.1	2.2	3.4
Residents confined to chairs.	36	30.8	51.5	50.8
Residents requiring restraints.	49	41.9	39.5	41.3
Confused or disoriented residents.	55	47.0	61.4	58.4
Residents with bed sores.	10	8.5	8.0	7.1
Residents receiving special skin care.	8	6.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREST HAVEN

Street Address: GARDEN STATE PKWY	**City and State:** CAPE MAY COURT HOUSE NJ 08210

Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	83.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	123	88.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	106	76.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	74.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	68.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	28.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	105	75.5	51.5	50.8
Residents requiring restraints.	70	50.4	39.5	41.3
Confused or disoriented residents.	83	59.7	61.4	58.4
Residents with bed sores.	6	4.3	8.0	7.1
Residents receiving special skin care.	20	14.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTERN SHORE NURSING & CONV CENTER

Street Address: RD #3 BOX 232 D		**City and State:** CAPE MAY COURT HOUSE NJ 08210	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	78.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	94	80.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	87	74.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	73.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	45.3	34.6	37.7
Completely bedfast residents.	3	2.6	2.2	3.4
Residents confined to chairs.	50	42.7	51.5	50.8
Residents requiring restraints.	27	23.1	39.5	41.3
Confused or disoriented residents.	91	77.8	61.4	58.4
Residents with bed sores.	15	12.8	8.0	7.1
Residents receiving special skin care.	14	12.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH CAPE NH INC

Street Address: STITES AVE	**City and State:** CAPE MAY COURT HOUSE NJ 08210

Participation: MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	31	96.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	28	87.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	78.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	21	65.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	31.3	34.6	37.7
Completely bedfast residents.	1	3.1	2.2	3.4
Residents confined to chairs.	11	34.4	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	25	78.1	61.4	58.4
Residents with bed sores.	1	3.1	8.0	7.1
Residents receiving special skin care.	4	12.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NURSING HOME

Street Address: FIFTH PARK AVE	**City and State:** CARNEYS POINT NJ 08069

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	75.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	88	81.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	76	70.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	62.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	69.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	32.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	54	50.0	51.5	50.8
Residents requiring restraints.	50	46.3	39.5	41.3
Confused or disoriented residents.	72	66.7	61.4	58.4
Residents with bed sores.	3	2.8	8.0	7.1
Residents receiving special skin care.	24	22.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHGATE HEALTH CARE CENTER INC

Street Address: 307 B PENNSVILLE-AUBURN ROAD		**City and State:** CARNEYS POINT NJ 08069	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	3	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	75.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	62	75.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	66	80.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	81.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	67.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	14.6	34.6	37.7
Completely bedfast residents.	1	1.2	2.2	3.4
Residents confined to chairs.	23	28.0	51.5	50.8
Residents requiring restraints.	16	19.5	39.5	41.3
Confused or disoriented residents.	68	82.9	61.4	58.4
Residents with bed sores.	9	11.0	8.0	7.1
Residents receiving special skin care.	37	45.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR GROVE MANOR

Street Address: 398 POMPTON AVE	**City and State:** CEDAR GROVE NJ 07009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 1	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	86.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	149	86.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	120	69.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	72.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	59.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	32.0	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	66	38.4	51.5	50.8
Residents requiring restraints.	55	32.0	39.5	41.3
Confused or disoriented residents.	85	49.4	61.4	58.4
Residents with bed sores.	5	2.9	8.0	7.1
Residents receiving special skin care.	69	40.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTWYCK WEST NH

Street Address: LINDSLEY RD AND POMPTON AVE		**City and State:** CEDAR GROVE NJ 07009	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	3	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	92.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	104	92.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	97	86.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	88.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	66.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	46.4	34.6	37.7
Completely bedfast residents.	3	2.7	2.2	3.4
Residents confined to chairs.	60	53.6	51.5	50.8
Residents requiring restraints.	42	37.5	39.5	41.3
Confused or disoriented residents.	73	65.2	61.4	58.4
Residents with bed sores.	12	10.7	8.0	7.1
Residents receiving special skin care.	112	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATERVIEW NH

Street Address: 536 RIDGE RD	**City and State:** CEDAR GROVE NJ 07009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	**Medicare Residents:** 2	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	76.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	129	78.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	110	67.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	67.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	57.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	6.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	40.2	34.6	37.7
Completely bedfast residents.	4	2.4	2.2	3.4
Residents confined to chairs.	72	43.9	51.5	50.8
Residents requiring restraints.	69	42.1	39.5	41.3
Confused or disoriented residents.	107	65.2	61.4	58.4
Residents with bed sores.	10	6.1	8.0	7.1
Residents receiving special skin care.	17	10.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING JAMES NH OF CHATMAN

Street Address: 415 SOUTHERN BLVD	**City and State:** CHATHAM NJ 07928

Participation: MEDICARE SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	89.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	94	95.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	94	95.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	79.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	82.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	49.0	34.6	37.7
Completely bedfast residents.	2	2.0	2.2	3.4
Residents confined to chairs.	31	31.6	51.5	50.8
Residents requiring restraints.	38	38.8	39.5	41.3
Confused or disoriented residents.	55	56.1	61.4	58.4
Residents with bed sores.	2	2.0	8.0	7.1
Residents receiving special skin care.	24	24.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CADBURY HEALTH CARE CENTER

Street Address: 2150 ROUTE 38	**City and State:** CHERRY HILL NJ 08002

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 4	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	84.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	94.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	79.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	74.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	48.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	48	82.8	51.5	50.8
Residents requiring restraints.	36	62.1	39.5	41.3
Confused or disoriented residents.	49	84.5	61.4	58.4
Residents with bed sores.	2	3.4	8.0	7.1
Residents receiving special skin care.	8	13.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHERRY HILL CONVALESCENT CENTER

Street Address: 1399 CHAPEL AVENUE WEST		**City and State:** CHERRY HILL NJ 08002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	1	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	81.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	89	84.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	76	72.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	61.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	69.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	21.0	34.6	37.7
Completely bedfast residents.	4	3.8	2.2	3.4
Residents confined to chairs.	67	63.8	51.5	50.8
Residents requiring restraints.	28	26.7	39.5	41.3
Confused or disoriented residents.	59	56.2	61.4	58.4
Residents with bed sores.	16	15.2	8.0	7.1
Residents receiving special skin care.	14	13.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH GERIATRIC HOME

Street Address: 3025 W CHAPEL AVE		**City and State:** CHERRY HILL NJ 08034	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 171	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
166	3	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	69.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	72.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	48.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	65.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	53.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	6.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	32.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	66	39.8	51.5	50.8
Residents requiring restraints.	62	37.3	39.5	41.3
Confused or disoriented residents.	95	57.2	61.4	58.4
Residents with bed sores.	12	7.2	8.0	7.1
Residents receiving special skin care.	15	9.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NURSING REHABILITATION CTR

Street Address: 1412 MARLTON PIKE	**City and State:** CHERRY HILL NJ 08034

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 3	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	58.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	83.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	79.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	74.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	70.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.6	34.6	37.7
Completely bedfast residents.	1	1.1	2.2	3.4
Residents confined to chairs.	65	74.7	51.5	50.8
Residents requiring restraints.	34	39.1	39.5	41.3
Confused or disoriented residents.	79	90.8	61.4	58.4
Residents with bed sores.	7	8.0	8.0	7.1
Residents receiving special skin care.	57	65.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVER COURT NURSING CENTER INC

Street Address: 100 ARBOR AVENUE	**City and State:** CHERRY HILL NJ 08034

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	69.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	75.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	69.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	72.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	70.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	14.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	46	39.7	51.5	50.8
Residents requiring restraints.	26	22.4	39.5	41.3
Confused or disoriented residents.	51	44.0	61.4	58.4
Residents with bed sores.	9	7.8	8.0	7.1
Residents receiving special skin care.	33	28.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS CATHOLIC HOME

Street Address: KRESSON RD	**City and State:** CHERRY HILL NJ 08034

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 215	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209	**Medicare Residents:** 2	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	92.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	198	94.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	198	94.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	83.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	172	82.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	1.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	144	68.9	34.6	37.7
Completely bedfast residents.	5	2.4	2.2	3.4
Residents confined to chairs.	146	69.9	51.5	50.8
Residents requiring restraints.	10	4.8	39.5	41.3
Confused or disoriented residents.	173	82.8	61.4	58.4
Residents with bed sores.	10	4.8	8.0	7.1
Residents receiving special skin care.	88	42.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LANE HOME

Street Address: COUNTY HOUSE RD	**City and State:** CLARKSBORO NJ 08020

Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	86.7	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	90	85.7	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	81	77.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	68.6	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	71.4	40.9	59.1
Residents on individually written bowel and bladder retraining program.	3	2.9	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	40.0	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	47	44.8	23.0	39.1
Residents requiring restraints.	43	41.0	19.9	31.7
Confused or disoriented residents.	77	73.3	54.5	55.8
Residents with bed sores.	2	1.9	1.8	4.7
Residents receiving special skin care.	15	14.3	12.7	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFFSIDE HEALTH CARE CENTER

Street Address: 200 CENTER ST	**City and State:** CLIFFWOOD BEACH NJ 07735

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	64.2	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	75	70.8	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	67	63.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	73.6	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	78.3	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	30.2	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	48	45.3	23.0	39.1
Residents requiring restraints.	23	21.7	19.9	31.7
Confused or disoriented residents.	62	58.5	54.5	55.8
Residents with bed sores.	4	3.8	1.8	4.7
Residents receiving special skin care.	13	12.3	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAUGHTERS OF MIRIAM CENTER FOR AGED

Street Address: 155 HAZEL ST	**City and State:** CLIFTON NJ 07015

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 340	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 331	**Medicare Residents:** 11	**Medicaid Residents:** 250

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	219	66.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	291	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	240	72.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	63.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	227	68.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	0.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	152	45.9	34.6	37.7
Completely bedfast residents.	10	3.0	2.2	3.4
Residents confined to chairs.	94	28.4	51.5	50.8
Residents requiring restraints.	66	19.9	39.5	41.3
Confused or disoriented residents.	304	91.8	61.4	58.4
Residents with bed sores.	88	26.6	8.0	7.1
Residents receiving special skin care.	149	45.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOLLY MOUNT NURSING HOME

Street Address: 20 VALLEY RD	**City and State:** CLIFTON NJ 07013

Participation: MEDICAID SNF/ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	28	87.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	81.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	71.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	75.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	46.9	34.6	37.7
Completely bedfast residents.	7	21.9	2.2	3.4
Residents confined to chairs.	14	43.8	51.5	50.8
Residents requiring restraints.	16	50.0	39.5	41.3
Confused or disoriented residents.	32	100	61.4	58.4
Residents with bed sores.	1	3.1	8.0	7.1
Residents receiving special skin care.	4	12.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLINGSWOOD MANOR

Street Address: 460 HADDON AVE	**City and State:** COLLINGSWOOD NJ 08108

Participation: MEDICAID SNF/ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	82.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	16	94.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	17	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	88.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	29.4	34.6	37.7
Completely bedfast residents.	2	11.8	2.2	3.4
Residents confined to chairs.	13	76.5	51.5	50.8
Residents requiring restraints.	5	29.4	39.5	41.3
Confused or disoriented residents.	12	70.6	61.4	58.4
Residents with bed sores.	2	11.8	8.0	7.1
Residents receiving special skin care.	2	11.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYFIELD NURSING HOME

Street Address: 61 MAPLEWOOD AVE	**City and State:** CRANBURY NJ 08512

Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	96.2	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	88.5	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	21	80.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	76.9	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	84.6	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	23.1	26.1	29.3
Completely bedfast residents.	1	3.8	0.4	3.6
Residents confined to chairs.	11	42.3	23.0	39.1
Residents requiring restraints.	14	53.8	19.9	31.7
Confused or disoriented residents.	16	61.5	54.5	55.8
Residents with bed sores.	1	3.8	1.8	4.7
Residents receiving special skin care.	26	100	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ELMS

Street Address: 65 NORTH MAIN ST	**City and State:** CRANBURY NJ 08512

Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	87.5	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	14	87.5	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	11	68.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	81.3	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	68.8	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	12.5	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	4	25.0	23.0	39.1
Residents requiring restraints.	3	18.8	19.9	31.7
Confused or disoriented residents.	11	68.8	54.5	55.8
Residents with bed sores.	0	0.0	1.8	4.7
Residents receiving special skin care.	6	37.5	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRANFORD HALL NURSING HOME

Street Address: 600 LINCOLN PARK E		**City and State:** CRANFORD NJ 07016	
Participation: MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	79.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	83.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	88	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	63.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	67.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	41.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	50	45.5	51.5	50.8
Residents requiring restraints.	63	57.3	39.5	41.3
Confused or disoriented residents.	75	68.2	61.4	58.4
Residents with bed sores.	8	7.3	8.0	7.1
Residents receiving special skin care.	38	34.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRANFORD HEALTH EXTENDED CARE CENTER

Street Address: 205 BIRCHWOOD AVE	**City and State:** CRANFORD NJ 07016

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 188	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	78.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	86.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	73.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	82.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	67.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	45.7	34.6	37.7
Completely bedfast residents.	7	3.8	2.2	3.4
Residents confined to chairs.	112	60.2	51.5	50.8
Residents requiring restraints.	92	49.5	39.5	41.3
Confused or disoriented residents.	127	68.3	61.4	58.4
Residents with bed sores.	20	10.8	8.0	7.1
Residents receiving special skin care.	60	32.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIAR E NURSING CONV CTR

Street Address: GREENBRIAR EAST NURSING CONV CENTER		**City and State:** DEPTFORD NJ 08096	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 2	**Medicaid Residents:** 116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	69.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	131	80.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	123	75.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	76.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	70.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	38.0	34.6	37.7
Completely bedfast residents.	7	4.3	2.2	3.4
Residents confined to chairs.	95	58.3	51.5	50.8
Residents requiring restraints.	56	34.4	39.5	41.3
Confused or disoriented residents.	85	52.1	61.4	58.4
Residents with bed sores.	15	9.2	8.0	7.1
Residents receiving special skin care.	62	38.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOVER CHRISTIAN NH

Street Address: 65 NORTH SUSSEX ST		**City and State:** DOVER NJ 07801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	7	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	88.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	90.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	76	65.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	53.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	17.1	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	88	75.2	51.5	50.8
Residents requiring restraints.	19	16.2	39.5	41.3
Confused or disoriented residents.	63	53.8	61.4	58.4
Residents with bed sores.	5	4.3	8.0	7.1
Residents receiving special skin care.	21	17.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKHAVEN HEALTH CARE CENTER

Street Address: 120 PARK END PLACE		**City and State:** EAST ORANGE NJ 07017	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	62.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	84	73.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	70.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	64.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	53.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	28.9	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	60	52.6	51.5	50.8
Residents requiring restraints.	43	37.7	39.5	41.3
Confused or disoriented residents.	48	42.1	61.4	58.4
Residents with bed sores.	16	14.0	8.0	7.1
Residents receiving special skin care.	16	14.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST ORANGE NH

Street Address: 101 N GROVE ST	**City and State:** EAST ORANGE NJ 07017

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 205	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	**Medicare Residents:** 2	**Medicaid Residents:** 193

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	69.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	152	75.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	118	58.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	57.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	59.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	12	5.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	16.8	34.6	37.7
Completely bedfast residents.	1	0.5	2.2	3.4
Residents confined to chairs.	89	44.1	51.5	50.8
Residents requiring restraints.	52	25.7	39.5	41.3
Confused or disoriented residents.	139	68.8	61.4	58.4
Residents with bed sores.	13	6.4	8.0	7.1
Residents receiving special skin care.	37	18.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN STATE HEALTH CARE CENTER

Street Address: 140 PARK AVE	**City and State:** EAST ORANGE NJ 07017

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 228	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	**Medicare Residents:** 3	**Medicaid Residents:** 210

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	195	88.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	199	90.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	186	84.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	80.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	177	80.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	29.1	34.6	37.7
Completely bedfast residents.	5	2.3	2.2	3.4
Residents confined to chairs.	168	76.4	51.5	50.8
Residents requiring restraints.	69	31.4	39.5	41.3
Confused or disoriented residents.	165	75.0	61.4	58.4
Residents with bed sores.	36	16.4	8.0	7.1
Residents receiving special skin care.	38	17.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWAY MANOR HEALTH CENTER

Street Address: 480 N WALNUT STREET		**City and State:** EAST ORANGE NJ 07017	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	0	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	62.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	74.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	92	69.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	68.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	31.1	34.6	37.7
Completely bedfast residents.	1	0.8	2.2	3.4
Residents confined to chairs.	85	64.4	51.5	50.8
Residents requiring restraints.	38	28.8	39.5	41.3
Confused or disoriented residents.	101	76.5	61.4	58.4
Residents with bed sores.	16	12.1	8.0	7.1
Residents receiving special skin care.	62	47.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EATONTOWN CONVALESCENT CENTER

Street Address: 139 GRANT AVENUE		**City and State:** EATONTOWN NJ 07724	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	3	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	79.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	89.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	86.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.8	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	81.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	44.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	37	37.4	51.5	50.8
Residents requiring restraints.	42	42.4	39.5	41.3
Confused or disoriented residents.	77	77.8	61.4	58.4
Residents with bed sores.	2	2.0	8.0	7.1
Residents receiving special skin care.	48	48.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD NURSING CONVALESCENT CENTER

Street Address: 1350 INMAN AVE	**City and State:** EDISON NJ 08817

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	59.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	66	86.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	50	65.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	82.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	65.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	31.6	34.6	37.7
Completely bedfast residents.	3	3.9	2.2	3.4
Residents confined to chairs.	36	47.4	51.5	50.8
Residents requiring restraints.	13	17.1	39.5	41.3
Confused or disoriented residents.	43	56.6	61.4	58.4
Residents with bed sores.	6	7.9	8.0	7.1
Residents receiving special skin care.	2	2.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDISON ESTATES INC

Street Address: 465 PLAINFIELD AVE	**City and State:** EDISON NJ 08817

Participation: MEDICAID SNF/ICF	**# of Beds:** 348	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 327	**Medicare Residents:** 0	**Medicaid Residents:** 272

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	307	93.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	279	85.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	229	70.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	231	70.6	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	218	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	30.9	34.6	37.7
Completely bedfast residents.	2	0.6	2.2	3.4
Residents confined to chairs.	94	28.7	51.5	50.8
Residents requiring restraints.	134	41.0	39.5	41.3
Confused or disoriented residents.	227	69.4	61.4	58.4
Residents with bed sores.	30	9.2	8.0	7.1
Residents receiving special skin care.	233	71.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTWYCK AT OAK TREE INC

Street Address: 2048 OAK TREE AVENUE	**City and State:** EDISON NJ 08820

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	55.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	54	70.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	56	72.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	79.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	50.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	13	16.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.1	34.6	37.7
Completely bedfast residents.	1	1.3	2.2	3.4
Residents confined to chairs.	49	63.6	51.5	50.8
Residents requiring restraints.	27	35.1	39.5	41.3
Confused or disoriented residents.	20	26.0	61.4	58.4
Residents with bed sores.	2	2.6	8.0	7.1
Residents receiving special skin care.	15	19.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALEXIAN BROTHERS LTC UNIT

Street Address: 655 E JERSEY STREET		**City and State:** ELIZABETH NJ 07206	
Participation: MEDICAID SNF/ICF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	92.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	27	71.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	68.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	18	47.4	51.5	50.8
Residents requiring restraints.	3	7.9	39.5	41.3
Confused or disoriented residents.	22	57.9	61.4	58.4
Residents with bed sores.	3	7.9	8.0	7.1
Residents receiving special skin care.	3	7.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZABETH NH

Street Address: 1048 GROVE STREET		**City and State:** ELIZABETH NJ 07202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	2	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	69.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	80	81.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	69	70.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	68.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	75.5	34.6	37.7
Completely bedfast residents.	1	1.0	2.2	3.4
Residents confined to chairs.	43	43.9	51.5	50.8
Residents requiring restraints.	53	54.1	39.5	41.3
Confused or disoriented residents.	70	71.4	61.4	58.4
Residents with bed sores.	18	18.4	8.0	7.1
Residents receiving special skin care.	18	18.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW JERSEY GERIATRIC CTR OF WORKMENS C

Street Address: 225 WEST JERSEY STREET		**City and State:** ELIZABETH NJ 07202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	94.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	63	84.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	54	72.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	69.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.0	34.6	37.7
Completely bedfast residents.	3	4.0	2.2	3.4
Residents confined to chairs.	40	53.3	51.5	50.8
Residents requiring restraints.	33	44.0	39.5	41.3
Confused or disoriented residents.	52	69.3	61.4	58.4
Residents with bed sores.	6	8.0	8.0	7.1
Residents receiving special skin care.	52	69.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLAZA NURSING CONVALESCENT CENTER

Street Address: 456 RAHWAY AVE		**City and State:** ELIZABETH NJ 07202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	64.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	118	94.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	92	73.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	57.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	32.8	34.6	37.7
Completely bedfast residents.	1	0.8	2.2	3.4
Residents confined to chairs.	20	16.0	51.5	50.8
Residents requiring restraints.	61	48.8	39.5	41.3
Confused or disoriented residents.	82	65.6	61.4	58.4
Residents with bed sores.	4	3.2	8.0	7.1
Residents receiving special skin care.	23	18.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERSON CONV CTR

Street Address: 100 KINDERKAMACK RD	**City and State:** EMERSON NJ 07630

Participation: MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	77.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	119	82.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	108	74.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	73.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	66.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	13	9.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	24.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	87	60.0	51.5	50.8
Residents requiring restraints.	67	46.2	39.5	41.3
Confused or disoriented residents.	87	60.0	61.4	58.4
Residents with bed sores.	11	7.6	8.0	7.1
Residents receiving special skin care.	13	9.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOME FOR ARMENIAN AGED

Street Address: 70 MAIN ST	**City and State:** EMERSON NJ 07630

Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	71.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	73	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	47	64.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	65.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	64.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	34.2	34.6	37.7
Completely bedfast residents.	2	2.7	2.2	3.4
Residents confined to chairs.	30	41.1	51.5	50.8
Residents requiring restraints.	26	35.6	39.5	41.3
Confused or disoriented residents.	12	16.4	61.4	58.4
Residents with bed sores.	2	2.7	8.0	7.1
Residents receiving special skin care.	10	13.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFFHOUSE NH

Street Address: 633 PALISADE AVE		**City and State:** ENGLEWOOD CLIFFS NJ 07632	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	33	91.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	72.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	80.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	77.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	21	58.3	51.5	50.8
Residents requiring restraints.	17	47.2	39.5	41.3
Confused or disoriented residents.	30	83.3	61.4	58.4
Residents with bed sores.	5	13.9	8.0	7.1
Residents receiving special skin care.	10	27.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACTORS FUND OF AMERICA NURSING HOME

Street Address: 175 WEST HUDSON AVENUE	**City and State:** ENGLEWOOD NJ 07631

Participation: MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	0	0.0	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEBROOK NH

Street Address: PENSION RD	**City and State:** ENGLISHTOWN NJ 07726

Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	98.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	64.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.3	34.6	37.7
Completely bedfast residents.	3	3.0	2.2	3.4
Residents confined to chairs.	49	49.5	51.5	50.8
Residents requiring restraints.	46	46.5	39.5	41.3
Confused or disoriented residents.	78	78.8	61.4	58.4
Residents with bed sores.	8	8.1	8.0	7.1
Residents receiving special skin care.	22	22.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR LAWN MANOR NH

Street Address: 12-15 SADDLE RIVER RD	**City and State:** FAIR LAWN NJ 07410

Participation: MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	60.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	117	76.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	112	73.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	68.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	70.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	29.4	34.6	37.7
Completely bedfast residents.	3	2.0	2.2	3.4
Residents confined to chairs.	90	58.8	51.5	50.8
Residents requiring restraints.	67	43.8	39.5	41.3
Confused or disoriented residents.	91	59.5	61.4	58.4
Residents with bed sores.	8	5.2	8.0	7.1
Residents receiving special skin care.	22	14.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

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NURSING HOME PROFILE
CLOVER REST HOME

Street Address: WASHINGTON AND GREEN STS	**City and State:** FLANDERS NJ 07836

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	92.6	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	23	85.2	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	16	59.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	85.2	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	48.1	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	11.1	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	3	11.1	23.0	39.1
Residents requiring restraints.	7	25.9	19.9	31.7
Confused or disoriented residents.	9	33.3	54.5	55.8
Residents with bed sores.	0	0.0	1.8	4.7
Residents receiving special skin care.	3	11.1	12.7	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTERDON CONV CENTER INC

Street Address: 1 LEISURE COURT	**City and State:** FLEMINGTON NJ 08822

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	86.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	68.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	52.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	64.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	45.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	10.9	34.6	37.7
Completely bedfast residents.	3	2.2	2.2	3.4
Residents confined to chairs.	47	34.3	51.5	50.8
Residents requiring restraints.	29	21.2	39.5	41.3
Confused or disoriented residents.	25	18.2	61.4	58.4
Residents with bed sores.	13	9.5	8.0	7.1
Residents receiving special skin care.	13	9.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHESHIRE HOME INC

Street Address: 9 RIDGEDALE AVE	**City and State:** FLORHAM NJ 07932

Participation: MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	82.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	79.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	76.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	85.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	61.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	47.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	22	64.7	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	2	5.9	61.4	58.4
Residents with bed sores.	2	5.9	8.0	7.1
Residents receiving special skin care.	15	44.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LACEY NURSING AND REHAB CENTER

Street Address: 916 LACEY ROAD		**City and State:** FORKED RIVER NJ 08731	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	0	0.0	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN CONVALESCENT CENTER

Street Address: LINCOLN HWY-RT 27		**City and State:** FRANKLIN PARK NJ 08823	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 2	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	68.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	116	71.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	114	70.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	68.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	58.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	42.6	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	43	26.5	51.5	50.8
Residents requiring restraints.	90	55.6	39.5	41.3
Confused or disoriented residents.	81	50.0	61.4	58.4
Residents with bed sores.	6	3.7	8.0	7.1
Residents receiving special skin care.	43	26.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLEWOOD MANOR

Street Address: 689 WEST MAIN STREET		**City and State:** FREEHOLD NJ 07728	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	1	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	86.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	90	84.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	85	79.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	76.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	77.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	29.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	74	69.2	51.5	50.8
Residents requiring restraints.	63	58.9	39.5	41.3
Confused or disoriented residents.	77	72.0	61.4	58.4
Residents with bed sores.	7	6.5	8.0	7.1
Residents receiving special skin care.	19	17.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREEHOLD AREA HOSP SNF/ICF

Street Address: WEST MAIN ST		**City and State:** FREEHOLD NJ 07728	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 5	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	2	66.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	3	100	2.2	3.4
Residents confined to chairs.	0	0.0	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	2	66.7	8.0	7.1
Residents receiving special skin care.	2	66.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN L MONTGOMERY MEDICAL HOME

Street Address: PO BOX 284 DUTCH LANE		**City and State:** FREEHOLD NJ 07728	
Participation: MEDICAID SNF/ICF	**# of Beds:** 236	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 231	**Medicare Residents:** 1	**Medicaid Residents:** 226

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	182	78.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	190	82.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	152	65.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	63.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	45.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	31.6	34.6	37.7
Completely bedfast residents.	3	1.3	2.2	3.4
Residents confined to chairs.	107	46.3	51.5	50.8
Residents requiring restraints.	29	12.6	39.5	41.3
Confused or disoriented residents.	125	54.1	61.4	58.4
Residents with bed sores.	12	5.2	8.0	7.1
Residents receiving special skin care.	59	25.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGVIEW NH

Street Address: 3419 HIGHWAY 9	**City and State:** FREEHOLD NJ 07728

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	84.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	148	86.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	109	63.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	74.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	67.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	26.9	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	46	26.9	51.5	50.8
Residents requiring restraints.	49	28.7	39.5	41.3
Confused or disoriented residents.	91	53.2	61.4	58.4
Residents with bed sores.	16	9.4	8.0	7.1
Residents receiving special skin care.	6	3.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEWOOD OF VOORHEES

Street Address: LAUREL OAK ROAD		**City and State:** GIBBSBORO NJ 08026	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
218	4	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	176	80.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	184	84.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	162	74.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	74.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	67.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	8	3.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	40.4	34.6	37.7
Completely bedfast residents.	2	0.9	2.2	3.4
Residents confined to chairs.	113	51.8	51.5	50.8
Residents requiring restraints.	89	40.8	39.5	41.3
Confused or disoriented residents.	155	71.1	61.4	58.4
Residents with bed sores.	28	12.8	8.0	7.1
Residents receiving special skin care.	29	13.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VOORHEES PEDIATRIC FACILITY

Street Address: LAUREL OAK ROAD	**City and State:** GIBBSBORO NJ 08026

Participation: MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	58	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	58	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	100	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	100	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	57	98.3	51.5	50.8
Residents requiring restraints.	5	8.6	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	21	36.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTERDON HILLS NURSING HOME

Street Address: HILL RD	**City and State:** GLEN GARDNER NJ 08826

Participation: MEDICAID SNF/ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	46.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	29	90.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	28	87.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	87.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	28.1	34.6	37.7
Completely bedfast residents.	10	31.3	2.2	3.4
Residents confined to chairs.	16	50.0	51.5	50.8
Residents requiring restraints.	7	21.9	39.5	41.3
Confused or disoriented residents.	16	50.0	61.4	58.4
Residents with bed sores.	3	9.4	8.0	7.1
Residents receiving special skin care.	3	9.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBROOK MANOR NURSING HOME

Street Address: 303 ROCK AVE	**City and State:** GREEN BROOK NJ 08812

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 1	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	176	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	139	79.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	133	75.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	80.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	69.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	29.5	34.6	37.7
Completely bedfast residents.	6	3.4	2.2	3.4
Residents confined to chairs.	40	22.7	51.5	50.8
Residents requiring restraints.	118	67.0	39.5	41.3
Confused or disoriented residents.	111	63.1	61.4	58.4
Residents with bed sores.	3	1.7	8.0	7.1
Residents receiving special skin care.	20	11.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALISADE NURSING HOME

Street Address: 6819 BOULEVARD EAST	**City and State:** GUTTENBERG NJ 07093

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	91.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	92.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	90	90.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	85.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	76.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	12	12.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	89.9	34.6	37.7
Completely bedfast residents.	12	12.1	2.2	3.4
Residents confined to chairs.	12	12.1	51.5	50.8
Residents requiring restraints.	78	78.8	39.5	41.3
Confused or disoriented residents.	65	65.7	61.4	58.4
Residents with bed sores.	4	4.0	8.0	7.1
Residents receiving special skin care.	8	8.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE RESIDENCE

Street Address: 266 PASSAIC ST.	**City and State:** HACKENSACK NJ 07601

Participation: MEDICAID SNF/ICF	**# of Beds:** 14	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	14	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	100	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	28.6	34.6	37.7
Completely bedfast residents.	2	14.3	2.2	3.4
Residents confined to chairs.	7	50.0	51.5	50.8
Residents requiring restraints.	5	35.7	39.5	41.3
Confused or disoriented residents.	13	92.9	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	14	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELLINGTON HALL NH

Street Address: 301 UNION ST	**City and State:** HACKENSACK NJ 07601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 5	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	62.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	99	82.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	90	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	75.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	48.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	85	70.8	51.5	50.8
Residents requiring restraints.	80	66.7	39.5	41.3
Confused or disoriented residents.	39	32.5	61.4	58.4
Residents with bed sores.	6	5.0	8.0	7.1
Residents receiving special skin care.	8	6.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATH VILLAGE INC

Street Address: SCHOOLEY S MOUNTAIN ROAD		**City and State:** HACKETTSTOWN NJ 07840	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 5	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	94.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	75.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	57.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	69.1	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	54.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	14.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	13.2	34.6	37.7
Completely bedfast residents.	2	2.9	2.2	3.4
Residents confined to chairs.	6	8.8	51.5	50.8
Residents requiring restraints.	14	20.6	39.5	41.3
Confused or disoriented residents.	27	39.7	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	12	17.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUSE OF THE GOOD SHEPHERD

Street Address: WILLOW GROVE ST		**City and State:** HACKETTSTOWN NJ 07840	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	37.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	41	85.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	85.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	39.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	29	60.4	51.5	50.8
Residents requiring restraints.	14	29.2	39.5	41.3
Confused or disoriented residents.	31	64.6	61.4	58.4
Residents with bed sores.	2	4.2	8.0	7.1
Residents receiving special skin care.	8	16.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIAR NURSING CTR OF HAMMONTON

Street Address: 43 NO WHITE HORSE PIKE		**City and State:** HAMMONTON NJ 08037	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
213	1	183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	55.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	177	83.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	139	65.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	53.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	60.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	13	6.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	16.9	34.6	37.7
Completely bedfast residents.	10	4.7	2.2	3.4
Residents confined to chairs.	91	42.7	51.5	50.8
Residents requiring restraints.	27	12.7	39.5	41.3
Confused or disoriented residents.	89	41.8	61.4	58.4
Residents with bed sores.	9	4.2	8.0	7.1
Residents receiving special skin care.	20	9.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PASSAIC CARE CENTER

Street Address: 25 FIFTH AVE	**City and State:** HASKELL NJ 07420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	83.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	152	87.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	122	70.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	67.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	74.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	5.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	13.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	95	54.6	51.5	50.8
Residents requiring restraints.	60	34.5	39.5	41.3
Confused or disoriented residents.	126	72.4	61.4	58.4
Residents with bed sores.	21	12.1	8.0	7.1
Residents receiving special skin care.	45	25.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WANAQUE CONVALESCENT CENTER

Street Address: 1433 RINGWOOD AVE	**City and State:** HASKELL NJ 07420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 0	**Medicaid Residents:** 147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	75.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	154	82.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	152	81.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	81.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	69.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	102	54.8	34.6	37.7
Completely bedfast residents.	5	2.7	2.2	3.4
Residents confined to chairs.	96	51.6	51.5	50.8
Residents requiring restraints.	52	28.0	39.5	41.3
Confused or disoriented residents.	108	58.1	61.4	58.4
Residents with bed sores.	18	9.7	8.0	7.1
Residents receiving special skin care.	21	11.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARNOLD WALTER NH

Street Address: 622 S LAUREL AVE	**City and State:** HAZLET NJ 07730

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 2	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	86.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	115	95.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	106	87.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	90.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	79.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.1	34.6	37.7
Completely bedfast residents.	4	3.3	2.2	3.4
Residents confined to chairs.	95	78.5	51.5	50.8
Residents requiring restraints.	58	47.9	39.5	41.3
Confused or disoriented residents.	72	59.5	61.4	58.4
Residents with bed sores.	5	4.1	8.0	7.1
Residents receiving special skin care.	45	37.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAZLET MANOR CONVALESCENT CENTER

Street Address: 3325 HWY 35		**City and State:** HAZLET NJ 07730	
Participation: MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	86.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	129	90.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	104	72.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	73.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	65.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	51.7	34.6	37.7
Completely bedfast residents.	4	2.8	2.2	3.4
Residents confined to chairs.	68	47.6	51.5	50.8
Residents requiring restraints.	69	48.3	39.5	41.3
Confused or disoriented residents.	96	67.1	61.4	58.4
Residents with bed sores.	9	6.3	8.0	7.1
Residents receiving special skin care.	48	33.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APPLEGARTH CARE CTR

Street Address: APPLEGARTH RD		**City and State:** HIGHTSTOWN NJ 08520	
Participation: MEDICAID ICF	**# of Beds:** 172	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	95.8	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	136	81.4	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	99	59.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	100	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	47.9	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	100	59.9	26.1	29.3
Completely bedfast residents.	4	2.4	0.4	3.6
Residents confined to chairs.	55	32.9	23.0	39.1
Residents requiring restraints.	62	37.1	19.9	31.7
Confused or disoriented residents.	123	73.7	54.5	55.8
Residents with bed sores.	1	0.6	1.8	4.7
Residents receiving special skin care.	18	10.8	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW LAKES NURSING FACILITY

Street Address: ETRA RD-BOX 702	**City and State:** HIGHTSTOWN NJ 08520

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 1	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	74.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	71	81.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	64	73.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	70.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	59.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.3	34.6	37.7
Completely bedfast residents.	2	2.3	2.2	3.4
Residents confined to chairs.	41	47.1	51.5	50.8
Residents requiring restraints.	32	36.8	39.5	41.3
Confused or disoriented residents.	49	56.3	61.4	58.4
Residents with bed sores.	6	6.9	8.0	7.1
Residents receiving special skin care.	41	47.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNLAWN NH

Street Address: 576 N MAIN ST	**City and State:** HIGHTSTOWN NJ 08520

Participation: MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	96.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	21	80.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	21	80.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	80.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	80.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	23.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	4	15.4	51.5	50.8
Residents requiring restraints.	9	34.6	39.5	41.3
Confused or disoriented residents.	17	65.4	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	21	80.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYSHORE HEALTH CARE CENTER

Street Address: 715 N BEERS STREET	**City and State:** HOLMDEL NJ 07733

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	73.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	74	85.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	61	70.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	77.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	70.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	48.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	63	72.4	51.5	50.8
Residents requiring restraints.	36	41.4	39.5	41.3
Confused or disoriented residents.	46	52.9	61.4	58.4
Residents with bed sores.	10	11.5	8.0	7.1
Residents receiving special skin care.	25	28.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN STATE MANOR NH

Street Address: 16 VAN BRACKLE RD	**City and State:** HOLMDEL NJ 07733

Participation: MEDICAID SNF/ICF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	65.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	69.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	57.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	57.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	34.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	9	34.6	51.5	50.8
Residents requiring restraints.	5	19.2	39.5	41.3
Confused or disoriented residents.	15	57.7	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	1	3.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLMDEL CONVALESCENT CENTER

Street Address: HWY 34		**City and State:** HOLMDEL NJ 07733	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	81.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	77	81.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	81.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	56.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	37.2	34.6	37.7
Completely bedfast residents.	1	1.1	2.2	3.4
Residents confined to chairs.	12	12.8	51.5	50.8
Residents requiring restraints.	30	31.9	39.5	41.3
Confused or disoriented residents.	64	68.1	61.4	58.4
Residents with bed sores.	2	2.1	8.0	7.1
Residents receiving special skin care.	9	9.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLMDEL NURSING HOME

Street Address: HWY 34		**City and State:** HOLMDEL NJ 07733	
Participation: MEDICAID SNF/ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	72.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	29	72.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	27	67.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	65.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	22	55.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	35.0	34.6	37.7
Completely bedfast residents.	3	7.5	2.2	3.4
Residents confined to chairs.	12	30.0	51.5	50.8
Residents requiring restraints.	17	42.5	39.5	41.3
Confused or disoriented residents.	25	62.5	61.4	58.4
Residents with bed sores.	4	10.0	8.0	7.1
Residents receiving special skin care.	22	55.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST MANOR

Street Address: PO BOX 283 STATE PARK RD		**City and State:** HOPE NJ 07844	
Participation: MEDICARE SNF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	66.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	34	87.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	28	71.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	84.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	94.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	41.0	34.6	37.7
Completely bedfast residents.	1	2.6	2.2	3.4
Residents confined to chairs.	10	25.6	51.5	50.8
Residents requiring restraints.	18	46.2	39.5	41.3
Confused or disoriented residents.	37	94.9	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	11	28.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REFORMED CHURCH HOME

Street Address: 720 NEY AVE	**City and State:** IRVINGTON NJ 07111

Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	57	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	57.9	34.6	37.7
Completely bedfast residents.	1	1.8	2.2	3.4
Residents confined to chairs.	21	36.8	51.5	50.8
Residents requiring restraints.	7	12.3	39.5	41.3
Confused or disoriented residents.	43	75.4	61.4	58.4
Residents with bed sores.	4	7.0	8.0	7.1
Residents receiving special skin care.	29	50.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARTLEY MANOR CONV CENTER

Street Address: 20 BARTLEY ROAD	**City and State:** JACKSON NJ 08527

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	70.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	81.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	77.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	74.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	45	37.5	51.5	50.8
Residents requiring restraints.	44	36.7	39.5	41.3
Confused or disoriented residents.	68	56.7	61.4	58.4
Residents with bed sores.	10	8.3	8.0	7.1
Residents receiving special skin care.	28	23.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON HEALTH CARE CENTER

Street Address: 1 HERITAGE WAY	**City and State:** JACKSON NJ 08527

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 2	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	66.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	107	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	71	66.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	66.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	67.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	66.4	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	10	9.3	51.5	50.8
Residents requiring restraints.	40	37.4	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	11	10.3	8.0	7.1
Residents receiving special skin care.	4	3.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERTHOLD S POLLACK HOSP-LTC

Street Address: 100 CLIFTON PLACE	**City and State:** JERSEY CITY NJ 07304

Participation: MEDICAID SNF/ICF	**# of Beds:** 460	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 411	**Medicare Residents:** 0	**Medicaid Residents:** 407

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	341	83.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	326	79.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	290	70.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	298	72.5	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	280	68.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	147	35.8	34.6	37.7
Completely bedfast residents.	19	4.6	2.2	3.4
Residents confined to chairs.	241	58.6	51.5	50.8
Residents requiring restraints.	132	32.1	39.5	41.3
Confused or disoriented residents.	208	50.6	61.4	58.4
Residents with bed sores.	47	11.4	8.0	7.1
Residents receiving special skin care.	128	31.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBORVIEW HEALTH CARE CENTER

Street Address: 178-198 OGDEN AVE		**City and State:** JERSEY CITY NJ 07306	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
177	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	91.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	160	90.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	147	83.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	81.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	66.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	15.8	34.6	37.7
Completely bedfast residents.	2	1.1	2.2	3.4
Residents confined to chairs.	103	58.2	51.5	50.8
Residents requiring restraints.	39	22.0	39.5	41.3
Confused or disoriented residents.	69	39.0	61.4	58.4
Residents with bed sores.	17	9.6	8.0	7.1
Residents receiving special skin care.	34	19.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH HOSP REHAB CTR

Street Address: 198 STEVENS AVE	**City and State:** JERSEY CITY NJ 07305

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 346	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 296	**Medicare Residents:** 1	**Medicaid Residents:** 231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	223	75.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	229	77.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	183	61.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	201	67.9	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	49.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	2.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	24.0	34.6	37.7
Completely bedfast residents.	10	3.4	2.2	3.4
Residents confined to chairs.	147	49.7	51.5	50.8
Residents requiring restraints.	90	30.4	39.5	41.3
Confused or disoriented residents.	139	47.0	61.4	58.4
Residents with bed sores.	24	8.1	8.0	7.1
Residents receiving special skin care.	223	75.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIBERTY HOUSE NH

Street Address: 620 MONTGOMERY ST	**City and State:** JERSEY CITY NJ 07302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	62.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	155	88.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	148	84.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	88.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	71.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	40.9	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	82	46.6	51.5	50.8
Residents requiring restraints.	34	19.3	39.5	41.3
Confused or disoriented residents.	114	64.8	61.4	58.4
Residents with bed sores.	8	4.5	8.0	7.1
Residents receiving special skin care.	16	9.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME AT JERSEY CITY

Street Address: 93 NELSON AVE	**City and State:** JERSEY CITY NJ 07307

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	74	94.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	63	80.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	80.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	34.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	15	19.2	51.5	50.8
Residents requiring restraints.	36	46.2	39.5	41.3
Confused or disoriented residents.	37	47.4	61.4	58.4
Residents with bed sores.	2	2.6	8.0	7.1
Residents receiving special skin care.	2	2.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNS HOME FOR THE AGED

Street Address: 198 OLD BERGEN RD	**City and State:** JERSEY CITY NJ 07305

Participation: MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	82.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	86.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	82	77.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	78.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	67.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	55.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	70	66.0	51.5	50.8
Residents requiring restraints.	53	50.0	39.5	41.3
Confused or disoriented residents.	64	60.4	61.4	58.4
Residents with bed sores.	4	3.8	8.0	7.1
Residents receiving special skin care.	24	22.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS HOME FOR BLIND

Street Address: 537 PAVONIA AVE		**City and State:** JERSEY CITY NJ 07306	
Participation: MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	65.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	95	75.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	63.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	63.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	34.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	26.2	34.6	37.7
Completely bedfast residents.	6	4.8	2.2	3.4
Residents confined to chairs.	47	37.3	51.5	50.8
Residents requiring restraints.	17	13.5	39.5	41.3
Confused or disoriented residents.	78	61.9	61.4	58.4
Residents with bed sores.	5	4.0	8.0	7.1
Residents receiving special skin care.	11	8.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEACHVIEW REST HOME

Street Address: 32 LAUREL AVE		**City and State:** KEANSBURG NJ 07734	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	78.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	94	77.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	74.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	73.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	29.8	34.6	37.7
Completely bedfast residents.	2	1.7	2.2	3.4
Residents confined to chairs.	52	43.0	51.5	50.8
Residents requiring restraints.	51	42.1	39.5	41.3
Confused or disoriented residents.	74	61.2	61.4	58.4
Residents with bed sores.	3	2.5	8.0	7.1
Residents receiving special skin care.	21	17.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST HUDSON HOSP SNF

Street Address: 206 BERGEN AVE	**City and State:** KEARNEY NJ 07032

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	71.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	81.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	95.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	64.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	57.1	34.6	37.7
Completely bedfast residents.	2	4.8	2.2	3.4
Residents confined to chairs.	30	71.4	51.5	50.8
Residents requiring restraints.	16	38.1	39.5	41.3
Confused or disoriented residents.	30	71.4	61.4	58.4
Residents with bed sores.	4	9.5	8.0	7.1
Residents receiving special skin care.	7	16.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANCHESTER MANOR NURSING FACILITY

Street Address: 101 STATE HIGHWAY 70	**City and State:** LAKEHURST NJ 08733

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 5	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	79.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	87.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	73.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	81.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	65.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	7	4.1	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	25.0	34.6	37.7
Completely bedfast residents.	3	1.7	2.2	3.4
Residents confined to chairs.	96	55.8	51.5	50.8
Residents requiring restraints.	97	56.4	39.5	41.3
Confused or disoriented residents.	100	58.1	61.4	58.4
Residents with bed sores.	15	8.7	8.0	7.1
Residents receiving special skin care.	69	40.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMDEN COUNTY HEALTH SERVICE CENTER

Street Address: PO BLACKWOOD	**City and State:** LAKELAND NJ 08012

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 281	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 246	**Medicare Residents:** 4	**Medicaid Residents:** 227

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	204	82.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	226	91.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	220	89.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	76.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	64.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	14	5.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	90	36.6	34.6	37.7
Completely bedfast residents.	14	5.7	2.2	3.4
Residents confined to chairs.	118	48.0	51.5	50.8
Residents requiring restraints.	68	27.6	39.5	41.3
Confused or disoriented residents.	188	76.4	61.4	58.4
Residents with bed sores.	9	3.7	8.0	7.1
Residents receiving special skin care.	96	39.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW MANOR NH

Street Address: 963 OCEAN AVE		**City and State:** LAKEVIEW NJ 08701	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	78.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	89	78.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	79	69.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	71.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	73.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	31.9	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	79	69.9	51.5	50.8
Residents requiring restraints.	71	62.8	39.5	41.3
Confused or disoriented residents.	96	85.0	61.4	58.4
Residents with bed sores.	15	13.3	8.0	7.1
Residents receiving special skin care.	41	36.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLE REVE HEALTH CARE CENTER

Street Address: 485 RIVER AVE	**City and State:** LAKEWOOD NJ 08701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 2	**Medicaid Residents:** 145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	63.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	153	91.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	151	89.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	90.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	86.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	29.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	126	75.0	51.5	50.8
Residents requiring restraints.	36	21.4	39.5	41.3
Confused or disoriented residents.	97	57.7	61.4	58.4
Residents with bed sores.	22	13.1	8.0	7.1
Residents receiving special skin care.	40	23.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE CHATEAU CARE CENTER

Street Address: 962 RIVER AVE		**City and State:** LAKEWOOD NJ 08701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 242	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
229	3	177

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	75.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	177	77.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	155	67.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	79.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	69.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	30.6	34.6	37.7
Completely bedfast residents.	1	0.4	2.2	3.4
Residents confined to chairs.	135	59.0	51.5	50.8
Residents requiring restraints.	95	41.5	39.5	41.3
Confused or disoriented residents.	143	62.4	61.4	58.4
Residents with bed sores.	17	7.4	8.0	7.1
Residents receiving special skin care.	50	21.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE PARK HEALTH CENTER

Street Address: 1400 RT 70	**City and State:** LAKEWOOD NJ 08701

Participation: MEDICARE SNF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	66.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	19	79.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	17	70.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	58.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	50.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	16.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	2	8.3	51.5	50.8
Residents requiring restraints.	5	20.8	39.5	41.3
Confused or disoriented residents.	12	50.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	1	4.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICENTER OF LAKEWOOD

Street Address: 685 RIVER AVE		**City and State:** LAKEWOOD NJ 08701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
228	2	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	181	79.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	194	85.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	180	78.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	71.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	168	73.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	7	3.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	43.4	34.6	37.7
Completely bedfast residents.	5	2.2	2.2	3.4
Residents confined to chairs.	156	68.4	51.5	50.8
Residents requiring restraints.	122	53.5	39.5	41.3
Confused or disoriented residents.	145	63.6	61.4	58.4
Residents with bed sores.	23	10.1	8.0	7.1
Residents receiving special skin care.	67	29.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWMANS LAKEWOOD NH

Street Address: 700 MONMOUTH AVE BOX D	**City and State:** LAKEWOOD NJ 08701

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	90.9	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	40	90.9	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	27	61.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	22.7	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.1	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	4	9.1	23.0	39.1
Residents requiring restraints.	2	4.5	19.9	31.7
Confused or disoriented residents.	41	93.2	54.5	55.8
Residents with bed sores.	0	0.0	1.8	4.7
Residents receiving special skin care.	0	0.0	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEAN CONVALESCENT CENTER

Street Address: 901 MONMOUTH AVE	**City and State:** LAKEWOOD NJ 08701

Participation: MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	94.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	50	87.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	39	68.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	50.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	23	40.4	51.5	50.8
Residents requiring restraints.	20	35.1	39.5	41.3
Confused or disoriented residents.	26	45.6	61.4	58.4
Residents with bed sores.	4	7.0	8.0	7.1
Residents receiving special skin care.	1	1.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINELAND NH

Street Address: SQUANKUM RD P O BOX 614	**City and State:** LAKEWOOD NJ 08701

Participation: MEDICAID SNF/ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	83.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	94.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	72.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	72.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	83.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	44.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	8	44.4	51.5	50.8
Residents requiring restraints.	9	50.0	39.5	41.3
Confused or disoriented residents.	14	77.8	61.4	58.4
Residents with bed sores.	2	11.1	8.0	7.1
Residents receiving special skin care.	7	38.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT NH

Street Address: 285 RIVER AVE		**City and State:** LAKEWOOD NJ 08701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 4	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	61.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	85.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	133	79.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	63.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	78.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	33.9	34.6	37.7
Completely bedfast residents.	7	4.2	2.2	3.4
Residents confined to chairs.	100	59.5	51.5	50.8
Residents requiring restraints.	83	49.4	39.5	41.3
Confused or disoriented residents.	95	56.5	61.4	58.4
Residents with bed sores.	7	4.2	8.0	7.1
Residents receiving special skin care.	53	31.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAWRENCEVILLE NH

Street Address: 112 FRANKLIN CORNER ROAD	**City and State:** LAWRENCEVILLE NJ 08648

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	78.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	34.3	34.6	37.7
Completely bedfast residents.	3	3.0	2.2	3.4
Residents confined to chairs.	71	71.7	51.5	50.8
Residents requiring restraints.	55	55.6	39.5	41.3
Confused or disoriented residents.	61	61.6	61.4	58.4
Residents with bed sores.	5	5.1	8.0	7.1
Residents receiving special skin care.	45	45.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRIS HALL HOME FOR THE AGED

Street Address: 2361 LAWRENCEVILLE RD		**City and State:** LAWRENCEVILLE NJ 08648	
Participation: MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	91.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	55	94.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	53	91.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	44.8	34.6	37.7
Completely bedfast residents.	10	17.2	2.2	3.4
Residents confined to chairs.	34	58.6	51.5	50.8
Residents requiring restraints.	41	70.7	39.5	41.3
Confused or disoriented residents.	41	70.7	61.4	58.4
Residents with bed sores.	5	8.6	8.0	7.1
Residents receiving special skin care.	11	19.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4:3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LAWRENCE REHAB CTR

Street Address: 2381 LAWERENCEVILLE RD	**City and State:** LAWRENCEVILLE NJ 08648

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	66	NON-PROFIT RELIGIOUS	06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	21	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	54.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	20	60.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	24	72.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	57.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	15.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	60.6	34.6	37.7
Completely bedfast residents.	3	9.1	2.2	3.4
Residents confined to chairs.	25	75.8	51.5	50.8
Residents requiring restraints.	4	12.1	39.5	41.3
Confused or disoriented residents.	11	33.3	61.4	58.4
Residents with bed sores.	7	21.2	8.0	7.1
Residents receiving special skin care.	8	24.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN PARK ICF

Street Address: 499 PINE BROOK ROAD		**City and State:** LINCOLN PARK NJ 07035	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 544	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 533	**Medicare Residents:** 0	**Medicaid Residents:** 453

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	392	73.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	430	80.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	348	65.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	384	72.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	328	61.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	14	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	145	27.2	34.6	37.7
Completely bedfast residents.	4	0.8	2.2	3.4
Residents confined to chairs.	277	52.0	51.5	50.8
Residents requiring restraints.	231	43.3	39.5	41.3
Confused or disoriented residents.	329	61.7	61.4	58.4
Residents with bed sores.	27	5.1	8.0	7.1
Residents receiving special skin care.	117	22.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN PARK NURSING HOME

Street Address: 521 PINE BROOK RD		**City and State:** LINCOLN PARK NJ 07035	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 1	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	86.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	139	88.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	129	81.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	75.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	68.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	38.6	34.6	37.7
Completely bedfast residents.	4	2.5	2.2	3.4
Residents confined to chairs.	79	50.0	51.5	50.8
Residents requiring restraints.	103	65.2	39.5	41.3
Confused or disoriented residents.	99	62.7	61.4	58.4
Residents with bed sores.	20	12.7	8.0	7.1
Residents receiving special skin care.	45	28.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELAIRE NURSING CONVALESCENT CENTER

Street Address: 400 W STIMPSON AVE		**City and State:** LINDEN NJ 07036	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	78.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	142	81.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	123	70.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	71.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	64.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	25.9	34.6	37.7
Completely bedfast residents.	3	1.7	2.2	3.4
Residents confined to chairs.	40	23.0	51.5	50.8
Residents requiring restraints.	101	58.0	39.5	41.3
Confused or disoriented residents.	115	66.1	61.4	58.4
Residents with bed sores.	11	6.3	8.0	7.1
Residents receiving special skin care.	34	19.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINWOOD CONVALESCENT CENTER

Street Address: NEW RD AND CENTRAL AVE		**City and State:** LINWOOD NJ 08221	
Participation: MEDICARE SNF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	96.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	49	98.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	48	96.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	96.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	56.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	29	58.0	51.5	50.8
Residents requiring restraints.	28	56.0	39.5	41.3
Confused or disoriented residents.	42	84.0	61.4	58.4
Residents with bed sores.	7	14.0	8.0	7.1
Residents receiving special skin care.	16	32.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WITMER HOUSE

Street Address: 75 COOPER AVE	**City and State:** LONG BEACH NJ 07740

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	38.7	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	51	63.7	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	26	32.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	16.2	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	32.5	40.9	59.1
Residents on individually written bowel and bladder retraining program.	5	6.3	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.2	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	8	10.0	23.0	39.1
Residents requiring restraints.	6	7.5	19.9	31.7
Confused or disoriented residents.	80	100	54.5	55.8
Residents with bed sores.	0	0.0	1.8	4.7
Residents receiving special skin care.	2	2.5	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONMOUTH CONVALESCENT CTR

Street Address: 229 BATH AVE	**City and State:** LONG BRANCH NJ 07740

Participation: MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	46.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	100	89.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	63	56.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	52.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	22.3	34.6	37.7
Completely bedfast residents.	4	3.6	2.2	3.4
Residents confined to chairs.	60	53.6	51.5	50.8
Residents requiring restraints.	72	64.3	39.5	41.3
Confused or disoriented residents.	72	64.3	61.4	58.4
Residents with bed sores.	3	2.7	8.0	7.1
Residents receiving special skin care.	37	33.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTWOOD HALL NH

Street Address: 281 BATH AVE		**City and State:** LONG BRANCH NJ 07740	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	92.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	76	97.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	69	88.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	96.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	6.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	46.2	34.6	37.7
Completely bedfast residents.	1	1.3	2.2	3.4
Residents confined to chairs.	43	55.1	51.5	50.8
Residents requiring restraints.	27	34.6	39.5	41.3
Confused or disoriented residents.	68	87.2	61.4	58.4
Residents with bed sores.	3	3.8	8.0	7.1
Residents receiving special skin care.	5	6.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE ACRES CONVALESCENT CENTER

Street Address: 51 MADISON AVE		**City and State:** MADISON NJ 07940	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	84.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	94	92.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	75.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	67.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	68.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	43.1	34.6	37.7
Completely bedfast residents.	8	7.8	2.2	3.4
Residents confined to chairs.	36	35.3	51.5	50.8
Residents requiring restraints.	41	40.2	39.5	41.3
Confused or disoriented residents.	61	59.8	61.4	58.4
Residents with bed sores.	8	7.8	8.0	7.1
Residents receiving special skin care.	45	44.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANAHAWKIN CONVALESCENT CENTER

Street Address: 1121 RTE #72	**City and State:** MANAHAWKIN NJ 08050

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	90.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	92	78.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	79.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	57.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	30.8	34.6	37.7
Completely bedfast residents.	7	6.0	2.2	3.4
Residents confined to chairs.	87	74.4	51.5	50.8
Residents requiring restraints.	25	21.4	39.5	41.3
Confused or disoriented residents.	86	73.5	61.4	58.4
Residents with bed sores.	13	11.1	8.0	7.1
Residents receiving special skin care.	29	24.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE HILL CONVALESCENT CENTER

Street Address: RT 38 & MILL ROAD		**City and State:** MAPLE SHADE NJ 08052	
Participation: MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
152	0	134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	75.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	125	82.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	121	79.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	77.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	65.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	24.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	76	50.0	51.5	50.8
Residents requiring restraints.	72	47.4	39.5	41.3
Confused or disoriented residents.	104	68.4	61.4	58.4
Residents with bed sores.	14	9.2	8.0	7.1
Residents receiving special skin care.	28	18.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEWOOD ACRES NURSING CONV CENTER

Street Address: 794 N FORKLANDING RD		**City and State:** MAPLE SHADE NJ 08052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	1	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	81.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	88	72.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	80.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	69.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	57.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	78	63.9	51.5	50.8
Residents requiring restraints.	53	43.4	39.5	41.3
Confused or disoriented residents.	101	82.8	61.4	58.4
Residents with bed sores.	17	13.9	8.0	7.1
Residents receiving special skin care.	28	23.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE INN OF VOORHEES

Street Address: KRESSON & EVESHAM RDS	**City and State:** MARLTON NJ 08053

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 11	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	121	96.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	96	76.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	70.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	72.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	44.8	34.6	37.7
Completely bedfast residents.	1	0.8	2.2	3.4
Residents confined to chairs.	32	25.6	51.5	50.8
Residents requiring restraints.	31	24.8	39.5	41.3
Confused or disoriented residents.	92	73.6	61.4	58.4
Residents with bed sores.	19	15.2	8.0	7.1
Residents receiving special skin care.	29	23.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILEY MISSION INC

Street Address: 99 E MAIN ST	**City and State:** MARLTON NJ 08053

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	80.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	52	92.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	44	78.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	78.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	76.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	50.0	34.6	37.7
Completely bedfast residents.	3	5.4	2.2	3.4
Residents confined to chairs.	22	39.3	51.5	50.8
Residents requiring restraints.	23	41.1	39.5	41.3
Confused or disoriented residents.	37	66.1	61.4	58.4
Residents with bed sores.	2	3.6	8.0	7.1
Residents receiving special skin care.	22	39.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERY MANOR

Street Address: RT 34		**City and State:** MATAWAN NJ 07747	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 1	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	83.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	82	93.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	87.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	81.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	79.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.9	34.6	37.7
Completely bedfast residents.	9	10.2	2.2	3.4
Residents confined to chairs.	58	65.9	51.5	50.8
Residents requiring restraints.	83	94.3	39.5	41.3
Confused or disoriented residents.	72	81.8	61.4	58.4
Residents with bed sores.	2	2.3	8.0	7.1
Residents receiving special skin care.	9	10.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT PLEASANT MANOR

Street Address: 38 FRENEAU AVE		**City and State:** MATAWAN NJ 07747	
Participation: MEDICAID SNF/ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	63.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	25	92.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	16	59.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	66.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	74.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	17	63.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	37.0	34.6	37.7
Completely bedfast residents.	3	11.1	2.2	3.4
Residents confined to chairs.	5	18.5	51.5	50.8
Residents requiring restraints.	9	33.3	39.5	41.3
Confused or disoriented residents.	24	88.9	61.4	58.4
Residents with bed sores.	3	11.1	8.0	7.1
Residents receiving special skin care.	20	74.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDFORD CONVALESCENT NURSING CENTER

Street Address: 185 TUCKERTON ROAD	**City and State:** MEDFORD NJ 08055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 2	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	74.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	133	82.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	113	69.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	75.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	55.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	3.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	30.2	34.6	37.7
Completely bedfast residents.	12	7.4	2.2	3.4
Residents confined to chairs.	88	54.3	51.5	50.8
Residents requiring restraints.	55	34.0	39.5	41.3
Confused or disoriented residents.	77	47.5	61.4	58.4
Residents with bed sores.	14	8.6	8.0	7.1
Residents receiving special skin care.	35	21.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDFORD LEAS

Street Address: RT 70		**City and State:** MEDFORD NJ 08055	
Participation: MEDICARE SNF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	77.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	16	72.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	15	68.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	68.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	45.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	18.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	3	13.6	51.5	50.8
Residents requiring restraints.	5	22.7	39.5	41.3
Confused or disoriented residents.	11	50.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY MANOR NH

Street Address: PITNEY COLD HILL RD	**City and State:** MENDHAM NJ 07945

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 4	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	89.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	90	81.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	75	68.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	65.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	60.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	28.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	27	24.5	51.5	50.8
Residents requiring restraints.	56	50.9	39.5	41.3
Confused or disoriented residents.	70	63.6	61.4	58.4
Residents with bed sores.	6	5.5	8.0	7.1
Residents receiving special skin care.	23	20.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCERVILLE NURSING CONV CENTER

Street Address: 2240 WHITEHORSE-MERCERVILLE RD	**City and State:** MERCERVILLE NJ 08619

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	90.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	90.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	79.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	81.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	79.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	54.9	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	68	74.7	51.5	50.8
Residents requiring restraints.	62	68.1	39.5	41.3
Confused or disoriented residents.	57	62.6	61.4	58.4
Residents with bed sores.	6	6.6	8.0	7.1
Residents receiving special skin care.	21	23.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY CTR. FOR CONTINUING CARE

Street Address: 1059 EDINBURG RD	**City and State:** MERCERVILLE NJ 08690

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	85.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	159	94.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	138	81.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	79.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	25.4	34.6	37.7
Completely bedfast residents.	2	1.2	2.2	3.4
Residents confined to chairs.	97	57.4	51.5	50.8
Residents requiring restraints.	82	48.5	39.5	41.3
Confused or disoriented residents.	123	72.8	61.4	58.4
Residents with bed sores.	6	3.6	8.0	7.1
Residents receiving special skin care.	83	49.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROOSEVELT HOSP-ECF

Street Address: PARSONAGE RD	**City and State:** METUCHEN NJ 08840

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 530	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
449	18	313

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	330	73.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	390	86.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	370	82.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	370	82.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	362	80.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	8	1.8	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	192	42.8	34.6	37.7
Completely bedfast residents.	12	2.7	2.2	3.4
Residents confined to chairs.	380	84.6	51.5	50.8
Residents requiring restraints.	282	62.8	39.5	41.3
Confused or disoriented residents.	274	61.0	61.4	58.4
Residents with bed sores.	50	11.1	8.0	7.1
Residents receiving special skin care.	210	46.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP PRIVATE NH INC

Street Address: KINGS HWY		**City and State:** MIDDLETOWN NJ 07748	
Participation: MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	82.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	49	94.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	46	88.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	92.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	86.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	53.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	37	71.2	51.5	50.8
Residents requiring restraints.	1	1.9	39.5	41.3
Confused or disoriented residents.	45	86.5	61.4	58.4
Residents with bed sores.	2	3.8	8.0	7.1
Residents receiving special skin care.	36	69.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER OF MILLVILLE

Street Address: 54 SHARP STREET		**City and State:** MILLVILLE NJ 08322	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	66.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	96	85.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	80	70.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	47.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	18.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	67	59.3	51.5	50.8
Residents requiring restraints.	27	23.9	39.5	41.3
Confused or disoriented residents.	59	52.2	61.4	58.4
Residents with bed sores.	6	5.3	8.0	7.1
Residents receiving special skin care.	43	38.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON NH

Street Address: 31 MADISON AVE	**City and State:** MONTCLAIR NJ 07042

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	66.7	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	17	81.0	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	15	71.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	40.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	23.8	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	5	23.8	23.0	39.1
Residents requiring restraints.	3	14.3	19.9	31.7
Confused or disoriented residents.	11	52.4	54.5	55.8
Residents with bed sores.	2	9.5	1.8	4.7
Residents receiving special skin care.	3	14.3	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST VINCENTS NH

Street Address: 45 ELM ST		**City and State:** MONTCLAIR NJ 07042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
135	5	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	68.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	102	75.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	63.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	63.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	72.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	47	34.8	51.5	50.8
Residents requiring restraints.	32	23.7	39.5	41.3
Confused or disoriented residents.	92	68.1	61.4	58.4
Residents with bed sores.	11	8.1	8.0	7.1
Residents receiving special skin care.	54	40.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME MOORESTOWN

Street Address: 255 E MAIN ST	**City and State:** MOORESTOWN NJ 08057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 191	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 6	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	80.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	147	79.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	94	50.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	61.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	50.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	37.1	34.6	37.7
Completely bedfast residents.	2	1.1	2.2	3.4
Residents confined to chairs.	104	55.9	51.5	50.8
Residents requiring restraints.	54	29.0	39.5	41.3
Confused or disoriented residents.	96	51.6	61.4	58.4
Residents with bed sores.	5	2.7	8.0	7.1
Residents receiving special skin care.	68	36.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT LAUREL CONVALESCENT CENTER

Street Address: CHURCH RD		**City and State:** MOORESTOWN NJ 08054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 280	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
195	0	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	71.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	165	84.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	148	75.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	71.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	72.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	29.7	34.6	37.7
Completely bedfast residents.	5	2.6	2.2	3.4
Residents confined to chairs.	145	74.4	51.5	50.8
Residents requiring restraints.	92	47.2	39.5	41.3
Confused or disoriented residents.	117	60.0	61.4	58.4
Residents with bed sores.	16	8.2	8.0	7.1
Residents receiving special skin care.	35	17.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE EVERGREENS

Street Address: BRIDGEBORO RD	**City and State:** MOORESTOWN NJ 08057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	59.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	40	70.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	34	59.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	54.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	17.5	34.6	37.7
Completely bedfast residents.	1	1.8	2.2	3.4
Residents confined to chairs.	33	57.9	51.5	50.8
Residents requiring restraints.	4	7.0	39.5	41.3
Confused or disoriented residents.	27	47.4	61.4	58.4
Residents with bed sores.	1	1.8	8.0	7.1
Residents receiving special skin care.	12	21.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN OF CARMEL NH

Street Address: REEDS HILL RD	**City and State:** MORGANVILLE NJ 07751

Participation: MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	85.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	23	85.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	16	59.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	22.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	18.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	7.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	5	18.5	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	21	77.8	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	2	7.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRIS VIEW NH

Street Address: BOX 437 WEST HANOVER AVENUE	**City and State:** MORRIS PLAINS NJ 07950

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	422	LOCAL GOVERNMENT	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
349	0	349

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	288	82.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	324	92.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	281	80.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	289	82.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	297	85.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	163	46.7	34.6	37.7
Completely bedfast residents.	8	2.3	2.2	3.4
Residents confined to chairs.	268	76.8	51.5	50.8
Residents requiring restraints.	191	54.7	39.5	41.3
Confused or disoriented residents.	226	64.8	61.4	58.4
Residents with bed sores.	26	7.4	8.0	7.1
Residents receiving special skin care.	170	48.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRIS HILLS MULTI CARE CENTER

Street Address: 77 MADISON AVE		**City and State:** MORRISTOWN NJ 07960	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 304	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
292	3	166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	252	86.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	252	86.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	232	79.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	66.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	202	69.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	7	2.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	108	37.0	34.6	37.7
Completely bedfast residents.	9	3.1	2.2	3.4
Residents confined to chairs.	189	64.7	51.5	50.8
Residents requiring restraints.	165	56.5	39.5	41.3
Confused or disoriented residents.	148	50.7	61.4	58.4
Residents with bed sores.	21	7.2	8.0	7.1
Residents receiving special skin care.	13	4.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRISTOWN NURSING AND REHABILITATION

Street Address: 66 MORRIS ST		**City and State:** MORRISTOWN NJ 07960	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	78.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	98.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	46	64.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	70.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	64.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	12.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	24	33.8	51.5	50.8
Residents requiring restraints.	16	22.5	39.5	41.3
Confused or disoriented residents.	25	35.2	61.4	58.4
Residents with bed sores.	2	2.8	8.0	7.1
Residents receiving special skin care.	7	9.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT KEMBE DIV MORRISTOWN MEM HOSP

Street Address: 95 MT KEMBLE AVE		**City and State:** MORRISTOWN NJ 07960	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	22	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	16.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	27	90.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	27	90.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	30.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	23.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	2	6.7	51.5	50.8
Residents requiring restraints.	2	6.7	39.5	41.3
Confused or disoriented residents.	7	23.3	61.4	58.4
Residents with bed sores.	2	6.7	8.0	7.1
Residents receiving special skin care.	2	6.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNT HOLLY CENTER

Street Address: 62 RICHMOND AVE		**City and State:** MOUNT HOLLY NJ 08060	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	78.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	109	92.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	97	82.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	74.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	79.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	68	57.6	51.5	50.8
Residents requiring restraints.	27	22.9	39.5	41.3
Confused or disoriented residents.	77	65.3	61.4	58.4
Residents with bed sores.	8	6.8	8.0	7.1
Residents receiving special skin care.	26	22.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHILDRENS SPECIALIZED HOSPITAL

Street Address: 150 NEW PROVIDENCE ROAD	**City and State:** MOUNTAINSIDE NJ 07091

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 4	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	0	0.0	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF MOUNTAINSIDE

Street Address: 1180 ROUTE 22 WEST	**City and State:** MOUNTAINSIDE NJ 07092

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	0	0.0	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING JAMES CARE CENTER

Street Address:	**City and State:**
400 STATE HIGHWAY ROUTE 36	NAVESINK NJ 07748

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	83.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	89.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	83.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	82.6	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	69.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	40.5	34.6	37.7
Completely bedfast residents.	3	2.5	2.2	3.4
Residents confined to chairs.	65	53.7	51.5	50.8
Residents requiring restraints.	66	54.5	39.5	41.3
Confused or disoriented residents.	72	59.5	61.4	58.4
Residents with bed sores.	2	1.7	8.0	7.1
Residents receiving special skin care.	50	41.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GROVE HEALTH CARE CENTER

Street Address: 919 GREEN GROVE RD		**City and State:** NEPTUNE NJ 07753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	1	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	91.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	86.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	92	81.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	81.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	83.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	18.6	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	75	66.4	51.5	50.8
Residents requiring restraints.	32	28.3	39.5	41.3
Confused or disoriented residents.	42	37.2	61.4	58.4
Residents with bed sores.	6	5.3	8.0	7.1
Residents receiving special skin care.	14	12.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING MANOR

Street Address: 2303 WEST BANGS AVE		**City and State:** NEPTUNE NJ 07753	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	65.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	31	75.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	19	46.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	41.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	39.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	9.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	7	17.1	51.5	50.8
Residents requiring restraints.	10	24.4	39.5	41.3
Confused or disoriented residents.	13	31.7	61.4	58.4
Residents with bed sores.	4	9.8	8.0	7.1
Residents receiving special skin care.	9	22.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LODGE-THE

Street Address: RTE 66		**City and State:** NEPTUNE NJ 07753	
Participation: MEDICAID ICF	**# of Beds:** 167	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	46.2	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	92	59.0	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	69	44.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	71.2	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	32.1	40.9	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	16.0	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	30	19.2	23.0	39.1
Residents requiring restraints.	30	19.2	19.9	31.7
Confused or disoriented residents.	63	40.4	54.5	55.8
Residents with bed sores.	3	1.9	1.8	4.7
Residents receiving special skin care.	45	28.8	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICENTER/NEPTUNE CITY

Street Address: 2050 SIXTH AVENUE	**City and State:** NEPTUNE NJ 07753

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 1	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	65.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	85	81.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	85	81.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	88.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	72.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	18.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	38	36.2	51.5	50.8
Residents requiring restraints.	35	33.3	39.5	41.3
Confused or disoriented residents.	57	54.3	61.4	58.4
Residents with bed sores.	12	11.4	8.0	7.1
Residents receiving special skin care.	59	56.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEPTUNE CONVACENTER

Street Address: 101 WALNUT STREET	**City and State:** NEPTUNE NJ 07753

Participation: MEDICARE SNF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	82.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	64	82.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	89.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	75.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	23.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	49	62.8	51.5	50.8
Residents requiring restraints.	23	29.5	39.5	41.3
Confused or disoriented residents.	49	62.8	61.4	58.4
Residents with bed sores.	4	5.1	8.0	7.1
Residents receiving special skin care.	2	2.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOOTHILL ACRES NURSING HOME

Street Address: AMWELL ROAD	**City and State:** NESHANIC NJ 08853

Participation: MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	72.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	108	75.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	96	67.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	49.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	70.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	38.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	60	42.0	51.5	50.8
Residents requiring restraints.	58	40.6	39.5	41.3
Confused or disoriented residents.	78	54.5	61.4	58.4
Residents with bed sores.	7	4.9	8.0	7.1
Residents receiving special skin care.	63	44.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRUNSWICK PARK NH

Street Address: US ROUTE 1 AND 18	**City and State:** NEW BRUNSWICK NJ 08901

Participation: MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	62.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	63.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	63.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	74.1	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	19.4	34.6	37.7
Completely bedfast residents.	2	1.9	2.2	3.4
Residents confined to chairs.	32	29.6	51.5	50.8
Residents requiring restraints.	40	37.0	39.5	41.3
Confused or disoriented residents.	58	53.7	61.4	58.4
Residents with bed sores.	4	3.7	8.0	7.1
Residents receiving special skin care.	12	11.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUTTONWOOD HOSPITAL OF BURLINGTON CO

Street Address: ROUTE 530		**City and State:** NEW LISBON NJ 08064	
Participation: MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
216	0	216

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	168	77.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	175	81.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	157	72.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	50.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	70.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	34.7	34.6	37.7
Completely bedfast residents.	11	5.1	2.2	3.4
Residents confined to chairs.	111	51.4	51.5	50.8
Residents requiring restraints.	26	12.0	39.5	41.3
Confused or disoriented residents.	104	48.1	61.4	58.4
Residents with bed sores.	16	7.4	8.0	7.1
Residents receiving special skin care.	175	81.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODCREST CENTER

Street Address: 800 RIVER RD	**City and State:** NEW MILFORD NJ 07646

Participation: MEDICAID SNF/ICF	**# of Beds:** 236	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 235	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	175	74.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	201	85.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	177	75.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	72.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	170	72.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	24	10.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	29.4	34.6	37.7
Completely bedfast residents.	4	1.7	2.2	3.4
Residents confined to chairs.	97	41.3	51.5	50.8
Residents requiring restraints.	103	43.8	39.5	41.3
Confused or disoriented residents.	167	71.1	61.4	58.4
Residents with bed sores.	16	6.8	8.0	7.1
Residents receiving special skin care.	27	11.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY/ MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1218	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENSIDE NURSING HOME

Street Address: 144 GALES DRIVE		**City and State:** NEW PROVIDENCE NJ 07974	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	1	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	95.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	88	94.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	61	65.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	91.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	49.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	63	67.7	51.5	50.8
Residents requiring restraints.	39	41.9	39.5	41.3
Confused or disoriented residents.	55	59.1	61.4	58.4
Residents with bed sores.	11	11.8	8.0	7.1
Residents receiving special skin care.	6	6.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER

Street Address: 300 BROADWAY	**City and State:** NEWARK NJ 07104

Participation: MEDICAID SNF/ICF	**# of Beds:** 420	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 399	**Medicare Residents:** 0	**Medicaid Residents:** 396

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	289	72.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	250	62.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	287	71.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	317	79.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	255	63.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	13	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	100	25.1	34.6	37.7
Completely bedfast residents.	5	1.3	2.2	3.4
Residents confined to chairs.	180	45.1	51.5	50.8
Residents requiring restraints.	170	42.6	39.5	41.3
Confused or disoriented residents.	281	70.4	61.4	58.4
Residents with bed sores.	39	9.8	8.0	7.1
Residents receiving special skin care.	32	8.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW COMMUNITY EXTENDED CARE FACILITY

Street Address: 266 S ORANGE AVE		**City and State:** NEWARK NJ 07103	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	0	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	58.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	124	68.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	125	69.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	72.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	16.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	90	50.0	51.5	50.8
Residents requiring restraints.	32	17.8	39.5	41.3
Confused or disoriented residents.	111	61.7	61.4	58.4
Residents with bed sores.	1	0.6	8.0	7.1
Residents receiving special skin care.	36	20.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWARK HEALTH & EXTENDED CARE

Street Address: 65 JAY ST		**City and State:** NEWARK NJ 07103	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 430	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
419	3	400

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	354	84.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	384	91.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	365	87.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	316	75.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	330	78.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	11	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	140	33.4	34.6	37.7
Completely bedfast residents.	12	2.9	2.2	3.4
Residents confined to chairs.	239	57.0	51.5	50.8
Residents requiring restraints.	120	28.6	39.5	41.3
Confused or disoriented residents.	360	85.9	61.4	58.4
Residents with bed sores.	55	13.1	8.0	7.1
Residents receiving special skin care.	419	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MATER DEI NH

Street Address: RD 40 UPPER PITTSGROVE TURNPIKE	**City and State:** NEWFIELD NJ 08344

Participation: MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	93.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	59	92.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	96.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	96.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	82.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	62.5	34.6	37.7
Completely bedfast residents.	1	1.6	2.2	3.4
Residents confined to chairs.	58	90.6	51.5	50.8
Residents requiring restraints.	53	82.8	39.5	41.3
Confused or disoriented residents.	50	78.1	61.4	58.4
Residents with bed sores.	13	20.3	8.0	7.1
Residents receiving special skin care.	12	18.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARN HILL CONVALESCENT CENTER

Street Address: 249 HIGH ST RT 94		**City and State:** NEWTON NJ 07860	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	46.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	84.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	90	71.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	50.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	52.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	34.9	34.6	37.7
Completely bedfast residents.	2	1.6	2.2	3.4
Residents confined to chairs.	45	35.7	51.5	50.8
Residents requiring restraints.	78	61.9	39.5	41.3
Confused or disoriented residents.	79	62.7	61.4	58.4
Residents with bed sores.	11	8.7	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUSSEX COUNTY HOMESTEAD

Street Address: BOX 78 RD 3	**City and State:** NEWTON NJ 07860

Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	78.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	85	88.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	75	78.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	81.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	71.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	32.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	79	82.3	51.5	50.8
Residents requiring restraints.	69	71.9	39.5	41.3
Confused or disoriented residents.	64	66.7	61.4	58.4
Residents with bed sores.	4	4.2	8.0	7.1
Residents receiving special skin care.	41	42.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON VIEW CARE CENTER

Street Address: 9020 WALL ST		**City and State:** NORTH BERGEN NJ 07047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 273	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
264	7	228

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	194	73.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	227	86.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	195	73.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	78.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	185	70.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	24.6	34.6	37.7
Completely bedfast residents.	3	1.1	2.2	3.4
Residents confined to chairs.	142	53.8	51.5	50.8
Residents requiring restraints.	71	26.9	39.5	41.3
Confused or disoriented residents.	182	68.9	61.4	58.4
Residents with bed sores.	26	9.8	8.0	7.1
Residents receiving special skin care.	33	12.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWVIEW NH

Street Address: 235 DOLPHIN AVENUE	**City and State:** NORTHFIELD NJ 08225

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	85.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	78.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	77.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	70.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	80.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	44.6	34.6	37.7
Completely bedfast residents.	19	20.7	2.2	3.4
Residents confined to chairs.	34	37.0	51.5	50.8
Residents requiring restraints.	34	37.0	39.5	41.3
Confused or disoriented residents.	40	43.5	61.4	58.4
Residents with bed sores.	11	12.0	8.0	7.1
Residents receiving special skin care.	35	38.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKLAND CARE CENTER

Street Address: 20 BREAKNECK RD	**City and State:** OAKLAND NJ 07436

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 244	**Medicare Residents:** 3	**Medicaid Residents:** 202

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	209	85.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	204	83.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	183	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	72.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	174	71.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	30.7	34.6	37.7
Completely bedfast residents.	6	2.5	2.2	3.4
Residents confined to chairs.	156	63.9	51.5	50.8
Residents requiring restraints.	122	50.0	39.5	41.3
Confused or disoriented residents.	131	53.7	61.4	58.4
Residents with bed sores.	21	8.6	8.0	7.1
Residents receiving special skin care.	37	15.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESLEY MANOR

Street Address: BAY AVENUE AT 22ND ST	**City and State:** OCEAN CITY NJ 08226

Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	44.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	92.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	60.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	42.1	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	2	5.3	51.5	50.8
Residents requiring restraints.	5	13.2	39.5	41.3
Confused or disoriented residents.	19	50.0	61.4	58.4
Residents with bed sores.	1	2.6	8.0	7.1
Residents receiving special skin care.	10	26.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARA SWAIN MANOR

Street Address: 63 CLARK AVE	**City and State:** OCEAN GROVE NJ 07756

Participation: MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	86.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	93.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	71.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	52.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	10.2	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	21	35.6	51.5	50.8
Residents requiring restraints.	20	33.9	39.5	41.3
Confused or disoriented residents.	30	50.8	61.4	58.4
Residents with bed sores.	3	5.1	8.0	7.1
Residents receiving special skin care.	10	16.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANCIS ASBURY MANOR

Street Address: 70 STOCKTON AVE		**City and State:** OCEAN GROVE NJ 07756	
Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	81.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	41	55.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	87.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	54.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	47.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	12.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	13	17.6	51.5	50.8
Residents requiring restraints.	16	21.6	39.5	41.3
Confused or disoriented residents.	27	36.5	61.4	58.4
Residents with bed sores.	1	1.4	8.0	7.1
Residents receiving special skin care.	17	23.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME AT OCEAN VIEW

Street Address: 184 SHORE RD ROUTE 9	**City and State:** OCEAN VIEW NJ 08230

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	72.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	88	74.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	73	61.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	61.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	69.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	66	55.9	51.5	50.8
Residents requiring restraints.	40	33.9	39.5	41.3
Confused or disoriented residents.	85	72.0	61.4	58.4
Residents with bed sores.	7	5.9	8.0	7.1
Residents receiving special skin care.	44	37.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMER HILL NH

Street Address: 11 ROUTE 516	**City and State:** OLD BRIDGE NJ 08857

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	91.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	82.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	102	91.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	82.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	62.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	34.8	34.6	37.7
Completely bedfast residents.	2	1.8	2.2	3.4
Residents confined to chairs.	42	37.5	51.5	50.8
Residents requiring restraints.	80	71.4	39.5	41.3
Confused or disoriented residents.	78	69.6	61.4	58.4
Residents with bed sores.	12	10.7	8.0	7.1
Residents receiving special skin care.	19	17.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE HOUSE NH INC

Street Address: 560 BERKELEY AVE		**City and State:** ORANGE NJ 07050	
Participation: MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
164	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	81.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	148	90.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	133	81.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	87.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	82.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	29.3	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	66	40.2	51.5	50.8
Residents requiring restraints.	81	49.4	39.5	41.3
Confused or disoriented residents.	127	77.4	61.4	58.4
Residents with bed sores.	16	9.8	8.0	7.1
Residents receiving special skin care.	11	6.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARREN HAVEN

Street Address: RT 1	**City and State:** OXFORD NJ 07863

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	79.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	82.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	72.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	82.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	71.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	39.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	103	77.4	51.5	50.8
Residents requiring restraints.	85	63.9	39.5	41.3
Confused or disoriented residents.	96	72.2	61.4	58.4
Residents with bed sores.	9	6.8	8.0	7.1
Residents receiving special skin care.	48	36.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERGEN PINES CO HOSP-ECF

Street Address: E RIDGGEWOOD RD		**City and State:** PARAMUS NJ 07652	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 571	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
548	7	531

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	469	85.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	518	94.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	472	86.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	487	88.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	443	80.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	71	13.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	338	61.7	34.6	37.7
Completely bedfast residents.	17	3.1	2.2	3.4
Residents confined to chairs.	386	70.4	51.5	50.8
Residents requiring restraints.	332	60.6	39.5	41.3
Confused or disoriented residents.	357	65.1	61.4	58.4
Residents with bed sores.	49	8.9	8.0	7.1
Residents receiving special skin care.	344	62.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELLRIDGE NURSING HOME

Street Address: 532 FAIRVIEW AVE		**City and State:** PARAMUS NJ 07652	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	5	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	88.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	86	92.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	77	82.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	73.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	47.3	34.6	37.7
Completely bedfast residents.	1	1.1	2.2	3.4
Residents confined to chairs.	50	53.8	51.5	50.8
Residents requiring restraints.	40	43.0	39.5	41.3
Confused or disoriented residents.	59	63.4	61.4	58.4
Residents with bed sores.	3	3.2	8.0	7.1
Residents receiving special skin care.	43	46.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARAMUS CARE CENTER

Street Address: 593 PARAMUS RD	**City and State:** PARAMUS NJ 07652

Participation: MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	78.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	30	90.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	27	81.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	93.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	72.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	24.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	15	45.5	51.5	50.8
Residents requiring restraints.	20	60.6	39.5	41.3
Confused or disoriented residents.	21	63.6	61.4	58.4
Residents with bed sores.	7	21.2	8.0	7.1
Residents receiving special skin care.	15	45.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TROY HILLS HOUSE

Street Address: 200 REYNOLDS AVE		**City and State:** PARSIPPANY NJ 07054	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 1	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	76.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	109	84.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	66.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	73.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	67.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	4.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	34.1	34.6	37.7
Completely bedfast residents.	8	6.2	2.2	3.4
Residents confined to chairs.	74	57.4	51.5	50.8
Residents requiring restraints.	56	43.4	39.5	41.3
Confused or disoriented residents.	85	65.9	61.4	58.4
Residents with bed sores.	13	10.1	8.0	7.1
Residents receiving special skin care.	74	57.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHESTNUT HILL CONVALESCENT CENTER

Street Address: 360 CHESTNUT ST	**City and State:** PASSAIC NJ 07055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	76.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	97.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	84	89.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	90.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	73.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	68.1	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	48	51.1	51.5	50.8
Residents requiring restraints.	72	76.6	39.5	41.3
Confused or disoriented residents.	70	74.5	61.4	58.4
Residents with bed sores.	7	7.4	8.0	7.1
Residents receiving special skin care.	33	35.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON PLAZA NURSING CENTER

Street Address: 56 HAMILTON AVE	**City and State:** PASSAIC NJ 07055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	97.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	89.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	84.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	78.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.3	34.6	37.7
Completely bedfast residents.	3	2.5	2.2	3.4
Residents confined to chairs.	47	39.2	51.5	50.8
Residents requiring restraints.	6	5.0	39.5	41.3
Confused or disoriented residents.	102	85.0	61.4	58.4
Residents with bed sores.	15	12.5	8.0	7.1
Residents receiving special skin care.	18	15.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PREAKNESS HOSP LTC

Street Address: VALLEY VIEW RD-BOX 5	**City and State:** PATERSON NJ 07509

Participation: MEDICAID SNF/ICF	**# of Beds:** 432	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 429	**Medicare Residents:** 0	**Medicaid Residents:** 413

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	348	81.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	361	84.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	258	60.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	320	74.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	281	65.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	14	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	172	40.1	34.6	37.7
Completely bedfast residents.	4	0.9	2.2	3.4
Residents confined to chairs.	208	48.5	51.5	50.8
Residents requiring restraints.	237	55.2	39.5	41.3
Confused or disoriented residents.	235	54.8	61.4	58.4
Residents with bed sores.	49	11.4	8.0	7.1
Residents receiving special skin care.	186	43.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITE BIRCH NH

Street Address: 59 BIRCH ST	**City and State:** PATERSON NJ 07522

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	57.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	34	89.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	33	86.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	92.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	84.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	5.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.9	34.6	37.7
Completely bedfast residents.	1	2.6	2.2	3.4
Residents confined to chairs.	12	31.6	51.5	50.8
Residents requiring restraints.	13	34.2	39.5	41.3
Confused or disoriented residents.	25	65.8	61.4	58.4
Residents with bed sores.	3	7.9	8.0	7.1
Residents receiving special skin care.	11	28.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOPER RIVER CONVALESCENT CENTER

Street Address: 5101 N PARK DRIVE	**City and State:** PENNSAUKEN NJ 08109

Participation: MEDICAID SNF/ICF	**# of Beds:** 293	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 270	**Medicare Residents:** 0	**Medicaid Residents:** 208

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	227	84.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	222	82.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	202	74.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	226	83.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	191	70.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	3.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	112	41.5	34.6	37.7
Completely bedfast residents.	4	1.5	2.2	3.4
Residents confined to chairs.	115	42.6	51.5	50.8
Residents requiring restraints.	64	23.7	39.5	41.3
Confused or disoriented residents.	164	60.7	61.4	58.4
Residents with bed sores.	11	4.1	8.0	7.1
Residents receiving special skin care.	144	53.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOPER RIVER CONVALESCENT CTR WEST SNF

Street Address: 5105 N PARK DRIVE	**City and State:** PENNSAUKEN NJ 08109

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 1	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	78.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	99	90.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	64	58.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	44.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	23.6	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	42	38.2	51.5	50.8
Residents requiring restraints.	32	29.1	39.5	41.3
Confused or disoriented residents.	43	39.1	61.4	58.4
Residents with bed sores.	6	5.5	8.0	7.1
Residents receiving special skin care.	7	6.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBOY CARE CENTER

Street Address: LINDBERG AVE	**City and State:** PERTH AMBOY NJ 08861

Participation: MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	82.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	135	80.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	111	66.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	62.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	47.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	40.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	123	73.2	51.5	50.8
Residents requiring restraints.	61	36.3	39.5	41.3
Confused or disoriented residents.	90	53.6	61.4	58.4
Residents with bed sores.	14	8.3	8.0	7.1
Residents receiving special skin care.	22	13.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERTH AMBOY NH

Street Address: 303 ELM STREET	**City and State:** PERTH AMBOY NJ 08861

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 260	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 254	**Medicare Residents:** 2	**Medicaid Residents:** 219

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	192	75.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	196	77.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	176	69.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	71.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	146	57.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	12	4.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	25.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	147	57.9	51.5	50.8
Residents requiring restraints.	106	41.7	39.5	41.3
Confused or disoriented residents.	150	59.1	61.4	58.4
Residents with bed sores.	19	7.5	8.0	7.1
Residents receiving special skin care.	68	26.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE CENTER OF LOPATCONG

Street Address: RED SCHOOL LANE	**City and State:** PHILLIPSBURG NJ 08865

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 2	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	70.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	122	83.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	104	70.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	70.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	65.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	24.5	34.6	37.7
Completely bedfast residents.	1	0.7	2.2	3.4
Residents confined to chairs.	66	44.9	51.5	50.8
Residents requiring restraints.	45	30.6	39.5	41.3
Confused or disoriented residents.	78	53.1	61.4	58.4
Residents with bed sores.	10	6.8	8.0	7.1
Residents receiving special skin care.	26	17.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE CENTER OF PHILLIPSBURG

Street Address: 843 WILBUR AVE		**City and State:** PHILLIPSBURG NJ 08865	
Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
BathING				
Residents requiring some or total assistance in bathing.	69	83.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	85.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	83.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	84.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	81.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	38.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	67	80.7	51.5	50.8
Residents requiring restraints.	51	61.4	39.5	41.3
Confused or disoriented residents.	52	62.7	61.4	58.4
Residents with bed sores.	6	7.2	8.0	7.1
Residents receiving special skin care.	0	0.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP CARE CENTER INC

Street Address: HOOK MOUNTAIN RD		**City and State:** PINE BROOK NJ 07058	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	84.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	94	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	77.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	79.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	86.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	35.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	48	44.9	51.5	50.8
Residents requiring restraints.	41	38.3	39.5	41.3
Confused or disoriented residents.	60	56.1	61.4	58.4
Residents with bed sores.	11	10.3	8.0	7.1
Residents receiving special skin care.	37	34.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PITMAN MANOR

Street Address: 585 N OAK AVE	**City and State:** PITMAN NJ 08071

Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	58	85.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	61	89.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	72.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	77.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	11.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	31	45.6	51.5	50.8
Residents requiring restraints.	18	26.5	39.5	41.3
Confused or disoriented residents.	13	19.1	61.4	58.4
Residents with bed sores.	6	8.8	8.0	7.1
Residents receiving special skin care.	21	30.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STONE ARCH HEALTH CARE CENTER

Street Address: RD 1 BOX 30F ROUTE 513	**City and State:** PITTSTOWN NJ 08867

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 2	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	77.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	84.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	71.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	83.5	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	64.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	32	26.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	26.4	34.6	37.7
Completely bedfast residents.	3	2.5	2.2	3.4
Residents confined to chairs.	45	37.2	51.5	50.8
Residents requiring restraints.	28	23.1	39.5	41.3
Confused or disoriented residents.	77	63.6	61.4	58.4
Residents with bed sores.	6	5.0	8.0	7.1
Residents receiving special skin care.	6	5.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTWICK AT PLAINFIELD NH

Street Address: 1340 PARK AVENUE	**City and State:** PLAINFIELD NJ 07060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 1	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	72.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	78	80.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	72.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	86.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	70.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	42.3	34.6	37.7
Completely bedfast residents.	1	1.0	2.2	3.4
Residents confined to chairs.	47	48.5	51.5	50.8
Residents requiring restraints.	61	62.9	39.5	41.3
Confused or disoriented residents.	64	66.0	61.4	58.4
Residents with bed sores.	10	10.3	8.0	7.1
Residents receiving special skin care.	49	50.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROBERT WOOD JOHNSON JR HEALTH CARE CTR

Street Address: 40-44 NORWOOD AVE	**City and State:** PLAINFIELD NJ 07060

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	87.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	85	78.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	78.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	19.3	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	79	72.5	51.5	50.8
Residents requiring restraints.	28	25.7	39.5	41.3
Confused or disoriented residents.	59	54.1	61.4	58.4
Residents with bed sores.	12	11.0	8.0	7.1
Residents receiving special skin care.	12	11.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD SKILLED NURS HEALTH CARE CTR

Street Address: JOHN HENRY ALLEN LANE & CHURCH ST		**City and State:** PLEASANTVILLE NJ 08232	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	72.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	73	61.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	75	63.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	67.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	54.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	47.5	34.6	37.7
Completely bedfast residents.	2	1.7	2.2	3.4
Residents confined to chairs.	63	53.4	51.5	50.8
Residents requiring restraints.	38	32.2	39.5	41.3
Confused or disoriented residents.	47	39.8	61.4	58.4
Residents with bed sores.	12	10.2	8.0	7.1
Residents receiving special skin care.	18	15.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADYS RESIDENCE

Street Address: GLENDALE AND CLEMATIS AVE	**City and State:** PLEASANTVILLE NJ 08232

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 214	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 199	**Medicare Residents:** 1	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	129	64.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	175	87.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	146	73.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	72.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	137	68.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	31.2	34.6	37.7
Completely bedfast residents.	8	4.0	2.2	3.4
Residents confined to chairs.	115	57.8	51.5	50.8
Residents requiring restraints.	57	28.6	39.5	41.3
Confused or disoriented residents.	148	74.4	61.4	58.4
Residents with bed sores.	10	5.0	8.0	7.1
Residents receiving special skin care.	12	6.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAREMONT CARE CENTER

Street Address: 1550 HULSE RD	**City and State:** POINT PLEASANT BEACH NJ 08742

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 1	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	91	85.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	87.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	91	85.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	69.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	79.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	28.3	34.6	37.7
Completely bedfast residents.	4	3.8	2.2	3.4
Residents confined to chairs.	84	79.2	51.5	50.8
Residents requiring restraints.	47	44.3	39.5	41.3
Confused or disoriented residents.	64	60.4	61.4	58.4
Residents with bed sores.	4	3.8	8.0	7.1
Residents receiving special skin care.	57	53.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PT PLEASANT BEACH WH

Street Address: 703 RICHMOND AVENUE		**City and State:** POINT PLEASANT BEACH NJ 08742	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	73.1	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	22	84.6	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	23	88.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	40.9	59.1
Residents on individually written bowel and bladder retraining program.	2	7.7	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	42.3	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	5	19.2	23.0	39.1
Residents requiring restraints.	8	30.8	19.9	31.7
Confused or disoriented residents.	19	73.1	54.5	55.8
Residents with bed sores.	3	11.5	1.8	4.7
Residents receiving special skin care.	2	7.7	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERWICK UNIT OF THE MEDICAL CENTER

Street Address: 79 BAYARD LANE		**City and State:** PRINCETON NJ 08540	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	9	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	93.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	67	93.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	86.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	91.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	79.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	58.3	34.6	37.7
Completely bedfast residents.	7	9.7	2.2	3.4
Residents confined to chairs.	31	43.1	51.5	50.8
Residents requiring restraints.	24	33.3	39.5	41.3
Confused or disoriented residents.	32	44.4	61.4	58.4
Residents with bed sores.	11	15.3	8.0	7.1
Residents receiving special skin care.	55	76.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRINCETON NH

Street Address: 35 QUARRY STREET	**City and State:** PRINCETON NJ 08540

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 4	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	87.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	108	93.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	97	83.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	52.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	43.1	34.6	37.7
Completely bedfast residents.	9	7.8	2.2	3.4
Residents confined to chairs.	91	78.4	51.5	50.8
Residents requiring restraints.	60	51.7	39.5	41.3
Confused or disoriented residents.	79	68.1	61.4	58.4
Residents with bed sores.	13	11.2	8.0	7.1
Residents receiving special skin care.	32	27.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAHWAY GERIATRIC CENTER

Street Address: 1777 LAWRENCE ST	**City and State:** RAHWAY NJ 07065

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	33.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	78.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	79.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	70.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	63	53.8	51.5	50.8
Residents requiring restraints.	51	43.6	39.5	41.3
Confused or disoriented residents.	60	51.3	61.4	58.4
Residents with bed sores.	11	9.4	8.0	7.1
Residents receiving special skin care.	19	16.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

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NURSING HOME PROFILE
RAHWAY HOSPITAL

Street Address: 865 STONE STREET	**City and State:** RAHWAY NJ 07065

Participation: MEDICARE SNF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	100	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	1	100	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	0	0.0	61.4	58.4
Residents with bed sores.	1	100	8.0	7.1
Residents receiving special skin care.	1	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RARITAN HEALTH EXTENDED CARE CENTER

Street Address: 633 ROUTE 28	**City and State:** RARITAN NJ 08869

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 8	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	31.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	80.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	75	62.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	65.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	22.5	34.6	37.7
Completely bedfast residents.	2	1.7	2.2	3.4
Residents confined to chairs.	57	47.5	51.5	50.8
Residents requiring restraints.	73	60.8	39.5	41.3
Confused or disoriented residents.	66	55.0	61.4	58.4
Residents with bed sores.	14	11.7	8.0	7.1
Residents receiving special skin care.	29	24.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICENTER-RED BANK

Street Address: 55 W FRONT ST	**City and State:** RED BANK NJ 07701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	86.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	83	89.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	89.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	89.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.8	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	36	38.7	51.5	50.8
Residents requiring restraints.	31	33.3	39.5	41.3
Confused or disoriented residents.	50	53.8	61.4	58.4
Residents with bed sores.	11	11.8	8.0	7.1
Residents receiving special skin care.	22	23.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAVESINK HOUSE NURSING UNIT

Street Address: 40 RIVERSIDE AVE		**City and State:** RED BANK NJ 07701	
Participation: MEDICARE SNF	**# of Beds:** 33	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	87.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	33	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	16	48.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	87.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	54.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	21.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	8	24.2	51.5	50.8
Residents requiring restraints.	7	21.2	39.5	41.3
Confused or disoriented residents.	24	72.7	61.4	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	4	12.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED BANK CONVALESCENT CENTER

Street Address: 100 CHAPIN AVE	**City and State:** RED BANK NJ 07701

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	88.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	157	89.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	141	80.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	85.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	64.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	23.3	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	107	60.8	51.5	50.8
Residents requiring restraints.	65	36.9	39.5	41.3
Confused or disoriented residents.	105	59.7	61.4	58.4
Residents with bed sores.	3	1.7	8.0	7.1
Residents receiving special skin care.	96	54.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD NURSING HOME

Street Address: 330 FRANKLIN TURNPIKE	**City and State:** RIDGEWOOD NJ 07450

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	83.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	78	86.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	72	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	75.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	35.6	34.6	37.7
Completely bedfast residents.	2	2.2	2.2	3.4
Residents confined to chairs.	57	63.3	51.5	50.8
Residents requiring restraints.	50	55.6	39.5	41.3
Confused or disoriented residents.	59	65.6	61.4	58.4
Residents with bed sores.	8	8.9	8.0	7.1
Residents receiving special skin care.	47	52.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAPTIST HOME OF SOUTH JERSEY

Street Address: 303 BANK STREET	**City and State:** RIVERTON NJ 08077

Participation: MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	73.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	26	68.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	22	57.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	60.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	47.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.4	34.6	37.7
Completely bedfast residents.	2	5.3	2.2	3.4
Residents confined to chairs.	13	34.2	51.5	50.8
Residents requiring restraints.	9	23.7	39.5	41.3
Confused or disoriented residents.	13	34.2	61.4	58.4
Residents with bed sores.	1	2.6	8.0	7.1
Residents receiving special skin care.	7	18.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CINNAMINSON MANOR

Street Address: 1700 WYNWOOD DR	**City and State:** RIVERTON NJ 08077

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 4	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	52.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	96	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	86.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	63.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	47	49.0	51.5	50.8
Residents requiring restraints.	39	40.6	39.5	41.3
Confused or disoriented residents.	37	38.5	61.4	58.4
Residents with bed sores.	7	7.3	8.0	7.1
Residents receiving special skin care.	11	11.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH HOSP REHABILITATION CENTER

Street Address: 685 WESTWOOD AVE	**City and State:** RIVERVALE NJ 07675

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	87.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	49	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	34	69.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	38.8	34.6	37.7
Completely bedfast residents.	2	4.1	2.2	3.4
Residents confined to chairs.	31	63.3	51.5	50.8
Residents requiring restraints.	21	42.9	39.5	41.3
Confused or disoriented residents.	27	55.1	61.4	58.4
Residents with bed sores.	4	8.2	8.0	7.1
Residents receiving special skin care.	4	8.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRISTOL MANOR NURSING HOME

Street Address: 96 PARKWAY AVE	**City and State:** ROCHELLE PARK NJ 07662

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	96.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	92.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	92.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	87.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	16.9	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	67	87.0	51.5	50.8
Residents requiring restraints.	17	22.1	39.5	41.3
Confused or disoriented residents.	60	77.9	61.4	58.4
Residents with bed sores.	13	16.9	8.0	7.1
Residents receiving special skin care.	15	19.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERGEN COUNTY ICF

Street Address: 35 PIERMONT ROAD	**City and State:** ROCKLEIGH NJ 07647

Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	65.2	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	5	21.7	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	3	13.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	8.7	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	8.7	40.9	59.1
Residents on individually written bowel and bladder retraining program.	1	4.3	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.7	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	2	8.7	23.0	39.1
Residents requiring restraints.	9	39.1	19.9	31.7
Confused or disoriented residents.	7	30.4	54.5	55.8
Residents with bed sores.	0	0.0	1.8	4.7
Residents receiving special skin care.	0	0.0	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKWOOD CONVALESCENT HOME

Street Address: 30 LEGREGNI STREET	**City and State:** SADDLE BROOK NJ 07662

Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	73.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	53.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	77.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	69.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.6	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	33	67.3	51.5	50.8
Residents requiring restraints.	29	59.2	39.5	41.3
Confused or disoriented residents.	29	59.2	61.4	58.4
Residents with bed sores.	8	16.3	8.0	7.1
Residents receiving special skin care.	6	12.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SADDLE BROOK CONVALESCENT HOME

Street Address: 15 CALDWELL AVE		**City and State:** SADDLE BROOK NJ 07662	
Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	77.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	44	91.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	83.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	70.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	77.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	4.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	33.3	34.6	37.7
Completely bedfast residents.	1	2.1	2.2	3.4
Residents confined to chairs.	13	27.1	51.5	50.8
Residents requiring restraints.	28	58.3	39.5	41.3
Confused or disoriented residents.	37	77.1	61.4	58.4
Residents with bed sores.	5	10.4	8.0	7.1
Residents receiving special skin care.	29	60.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALEM CO NURSING CONVALESCENT HOME

Street Address: 438 WOODSTOWN RD	**City and State:** SALEM NJ 08079

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 1	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	92.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	92.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	95	89.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	90.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	87.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	50.0	34.6	37.7
Completely bedfast residents.	2	1.9	2.2	3.4
Residents confined to chairs.	71	67.0	51.5	50.8
Residents requiring restraints.	60	56.6	39.5	41.3
Confused or disoriented residents.	71	67.0	61.4	58.4
Residents with bed sores.	11	10.4	8.0	7.1
Residents receiving special skin care.	14	13.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHBROOK NH

Street Address: RD 30-BOX 544	**City and State:** SCOTCH PLAINS NJ 07076

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	75.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	110	96.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	78	68.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	79.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	57.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	42.1	34.6	37.7
Completely bedfast residents.	2	1.8	2.2	3.4
Residents confined to chairs.	57	50.0	51.5	50.8
Residents requiring restraints.	78	68.4	39.5	41.3
Confused or disoriented residents.	78	68.4	61.4	58.4
Residents with bed sores.	11	9.6	8.0	7.1
Residents receiving special skin care.	8	7.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON CO MEADOWVIEW HOSP LTC

Street Address: 595 CO AVE	**City and State:** SECAUCUS NJ 07094

Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	35.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	72.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	62	64.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	64.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	51.0	34.6	37.7
Completely bedfast residents.	3	3.1	2.2	3.4
Residents confined to chairs.	23	24.0	51.5	50.8
Residents requiring restraints.	5	5.2	39.5	41.3
Confused or disoriented residents.	35	36.5	61.4	58.4
Residents with bed sores.	5	5.2	8.0	7.1
Residents receiving special skin care.	23	24.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON CO MEADOWVIEW ICF

Street Address: 595 CO AVE	**City and State:** SECAUCUS NJ 07094

Participation: MEDICAID ICF	**# of Beds:** 440	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 313	**Medicare Residents:** 0	**Medicaid Residents:** 313

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	24.6	59.1	78.3
Dressing Residents requiring some or total assistance in dressing.	121	38.7	67.3	76.7
Toileting Residents requiring some or total assistance in toileting.	29	9.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	8.9	55.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	11.5	40.9	59.1
Residents on individually written bowel and bladder retraining program.	11	3.5	2.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	48	15.3	26.1	29.3
Completely bedfast residents.	0	0.0	0.4	3.6
Residents confined to chairs.	6	1.9	23.0	39.1
Residents requiring restraints.	0	0.0	19.9	31.7
Confused or disoriented residents.	85	27.2	54.5	55.8
Residents with bed sores.	1	0.3	1.8	4.7
Residents receiving special skin care.	10	3.2	12.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	5.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	11.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	5.9	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	23.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	2	11.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	17.6	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	5.9	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	11	64.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	41.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	5.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	5.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	1	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	29.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	3	17.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	2	11.8	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEALTH CARE CENTER AT WASHINGTON

Street Address: RR 1 BOX 110A		**City and State:** SEWELL NJ 08080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 2	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	69.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	69.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	59.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	63.8	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	37.9	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	47	40.5	51.5	50.8
Residents requiring restraints.	39	33.6	39.5	41.3
Confused or disoriented residents.	59	50.9	61.4	58.4
Residents with bed sores.	9	7.8	8.0	7.1
Residents receiving special skin care.	30	25.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEVIEW CARE CENTER

Street Address: GLASSBORO-WOODBURY RD		**City and State:** SEWELL NJ 08080	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 226	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
161	2	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	90.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	78.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	76.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	69.6	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	76.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	31.7	34.6	37.7
Completely bedfast residents.	4	2.5	2.2	3.4
Residents confined to chairs.	85	52.8	51.5	50.8
Residents requiring restraints.	115	71.4	39.5	41.3
Confused or disoriented residents.	97	60.2	61.4	58.4
Residents with bed sores.	22	13.7	8.0	7.1
Residents receiving special skin care.	65	40.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEAN POINT NURSING CONV CENTER

Street Address: BAY AVE & HARBOR LANE	**City and State:** SOMERS POINT NJ 08244

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 145	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 1	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	53.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	90	68.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	100	76.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	74.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	76.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	9	6.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	28.2	34.6	37.7
Completely bedfast residents.	5	3.8	2.2	3.4
Residents confined to chairs.	67	51.1	51.5	50.8
Residents requiring restraints.	35	26.7	39.5	41.3
Confused or disoriented residents.	59	45.0	61.4	58.4
Residents with bed sores.	14	10.7	8.0	7.1
Residents receiving special skin care.	100	76.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL N J JEWISH HOME FOR AGED

Street Address: 380 DEMOTT LANE		**City and State:** SOMERSET NJ 08873	
Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	89.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	73	59.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	70.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	56.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	38.5	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	60	49.2	51.5	50.8
Residents requiring restraints.	46	37.7	39.5	41.3
Confused or disoriented residents.	56	45.9	61.4	58.4
Residents with bed sores.	6	4.9	8.0	7.1
Residents receiving special skin care.	12	9.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING JAMES NH OF SOMERSET

Street Address: 1165 EASTON AVE	**City and State:** SOMERSET NJ 08873

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 6	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	70.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	136	80.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	111	65.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	81.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	63.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	92	54.1	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	105	61.8	51.5	50.8
Residents requiring restraints.	83	48.8	39.5	41.3
Confused or disoriented residents.	88	51.8	61.4	58.4
Residents with bed sores.	18	10.6	8.0	7.1
Residents receiving special skin care.	22	12.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET MCLAUGHLIN MCCARRICK CARE INC

Street Address: 15 DELLWOOD DRIVE	**City and State:** SOMERSET NJ 08873

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 3	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	97.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	34	89.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	33	86.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	65.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	47.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	3	7.9	51.5	50.8
Residents requiring restraints.	19	50.0	39.5	41.3
Confused or disoriented residents.	23	60.5	61.4	58.4
Residents with bed sores.	1	2.6	8.0	7.1
Residents receiving special skin care.	1	2.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENFIELD CONVALESCENT CENTER

Street Address: 875 RTE 202-206 N		**City and State:** SOMERVILLE NJ 08876	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	3	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	84.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	86	83.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	86	83.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	69.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	9.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	35.9	34.6	37.7
Completely bedfast residents.	2	1.9	2.2	3.4
Residents confined to chairs.	59	57.3	51.5	50.8
Residents requiring restraints.	42	40.8	39.5	41.3
Confused or disoriented residents.	60	58.3	61.4	58.4
Residents with bed sores.	6	5.8	8.0	7.1
Residents receiving special skin care.	18	17.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW NH

Street Address: ERNSTON RD AT GARDEN STATE PARKWAY	**City and State:** SOUTH AMBOY NJ 08879

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	**Medicare Residents:** 0	**Medicaid Residents:** 162

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	77.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	164	82.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	70.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	64.1	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	65.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	5.1	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	26.3	34.6	37.7
Completely bedfast residents.	5	2.5	2.2	3.4
Residents confined to chairs.	80	40.4	51.5	50.8
Residents requiring restraints.	79	39.9	39.5	41.3
Confused or disoriented residents.	132	66.7	61.4	58.4
Residents with bed sores.	10	5.1	8.0	7.1
Residents receiving special skin care.	44	22.2	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR OAKS CARECENTER

Street Address: 1311 DURHAM AVE	**City and State:** SOUTH PLAINFIELD NJ 07080

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	60.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	72.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	67.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	73.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	50.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	10.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	50	44.6	51.5	50.8
Residents requiring restraints.	22	19.6	39.5	41.3
Confused or disoriented residents.	68	60.7	61.4	58.4
Residents with bed sores.	5	4.5	8.0	7.1
Residents receiving special skin care.	5	4.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUMBERLAND CONVALESCENT CENTER

Street Address: 1640 S LINCOLN AVE		**City and State:** SOUTH VINELAND NJ 08360	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
151	1	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	82.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	125	82.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	126	83.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	70.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	78.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	41.7	34.6	37.7
Completely bedfast residents.	8	5.3	2.2	3.4
Residents confined to chairs.	76	50.3	51.5	50.8
Residents requiring restraints.	55	36.4	39.5	41.3
Confused or disoriented residents.	108	71.5	61.4	58.4
Residents with bed sores.	13	8.6	8.0	7.1
Residents receiving special skin care.	9	6.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STRATFORD NURSING CONV CENTER

Street Address: LAUREL WARICK ROAD		**City and State:** STRATFORD NJ 08084	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	1	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	90.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	85	90.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	65	69.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	85.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	90.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	33.0	34.6	37.7
Completely bedfast residents.	9	9.6	2.2	3.4
Residents confined to chairs.	48	51.1	51.5	50.8
Residents requiring restraints.	41	43.6	39.5	41.3
Confused or disoriented residents.	68	72.3	61.4	58.4
Residents with bed sores.	12	12.8	8.0	7.1
Residents receiving special skin care.	80	85.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRY HEART NURSING HOME

Street Address: 200 RT 10	**City and State:** SUCCASUNNA NJ 07876

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	96.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	57	96.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	57	96.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	78.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	49.2	34.6	37.7
Completely bedfast residents.	3	5.1	2.2	3.4
Residents confined to chairs.	13	22.0	51.5	50.8
Residents requiring restraints.	31	52.5	39.5	41.3
Confused or disoriented residents.	34	57.6	61.4	58.4
Residents with bed sores.	1	1.7	8.0	7.1
Residents receiving special skin care.	16	27.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TEANECK NH

Street Address: 1104 TEANECK RD	**City and State:** TEANECK NJ 07666

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	68.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	84	83.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	84	83.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	80.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	83.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	46.5	34.6	37.7
Completely bedfast residents.	1	1.0	2.2	3.4
Residents confined to chairs.	14	13.9	51.5	50.8
Residents requiring restraints.	3	3.0	39.5	41.3
Confused or disoriented residents.	57	56.4	61.4	58.4
Residents with bed sores.	12	11.9	8.0	7.1
Residents receiving special skin care.	16	15.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTY MANOR NURSING HOME

Street Address: 133 COUNTY ROAD	**City and State:** TENAFLY NJ 07670

Participation: MEDICARE SNF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	68.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	75.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	57.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	57.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	28.1	34.6	37.7
Completely bedfast residents.	2	3.5	2.2	3.4
Residents confined to chairs.	29	50.9	51.5	50.8
Residents requiring restraints.	18	31.6	39.5	41.3
Confused or disoriented residents.	24	42.1	61.4	58.4
Residents with bed sores.	5	8.8	8.0	7.1
Residents receiving special skin care.	4	7.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TINTON FALLS CONVA CENTER

Street Address: 524 WARDELL ROAD		**City and State:** TINTON FALLS NJ 07753	
Participation: MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	87.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	79.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	69.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.8	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	70.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	13.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	83	73.5	51.5	50.8
Residents requiring restraints.	15	13.3	39.5	41.3
Confused or disoriented residents.	74	65.5	61.4	58.4
Residents with bed sores.	8	7.1	8.0	7.1
Residents receiving special skin care.	12	10.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY MANOR CARE CENTER

Street Address: 16 WHITESVILLE RD		**City and State:** TOMS RIVER NJ 08753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 213	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	202	94.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	201	94.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	187	87.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	87.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	175	82.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	46.0	34.6	37.7
Completely bedfast residents.	3	1.4	2.2	3.4
Residents confined to chairs.	170	79.8	51.5	50.8
Residents requiring restraints.	146	68.5	39.5	41.3
Confused or disoriented residents.	171	80.3	61.4	58.4
Residents with bed sores.	39	18.3	8.0	7.1
Residents receiving special skin care.	78	36.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN STATE REHABILITATION

Street Address: 14 HOSPITAL DR		**City and State:** TOMS RIVER NJ 08753	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	87.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	71	91.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	69	88.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	89.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	87.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	16	20.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	60.3	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	74	94.9	51.5	50.8
Residents requiring restraints.	61	78.2	39.5	41.3
Confused or disoriented residents.	18	23.1	61.4	58.4
Residents with bed sores.	14	17.9	8.0	7.1
Residents receiving special skin care.	78	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY CARE CENTER

Street Address: 4 PLAZA DRIVE		**City and State:** TOMS RIVER NJ 08757	
Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	96.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	73	96.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	68	89.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	88.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	68.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	23.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	9	11.8	51.5	50.8
Residents requiring restraints.	27	35.5	39.5	41.3
Confused or disoriented residents.	50	65.8	61.4	58.4
Residents with bed sores.	3	3.9	8.0	7.1
Residents receiving special skin care.	20	26.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY REST NH

Street Address: 56 BOGERT ST	**City and State:** TOTOWA BORO NJ 07512

Participation: MEDICAID SNF/ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	72.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	28	96.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	27	93.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	65.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	27.6	34.6	37.7
Completely bedfast residents.	2	6.9	2.2	3.4
Residents confined to chairs.	7	24.1	51.5	50.8
Residents requiring restraints.	7	24.1	39.5	41.3
Confused or disoriented residents.	2	6.9	61.4	58.4
Residents with bed sores.	2	6.9	8.0	7.1
Residents receiving special skin care.	3	10.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS HOME FOR THE ELDERLY

Street Address: 140 SHEPHERD LANE		**City and State:** TOTOWA NJ 07512	
Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	97.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	71	85.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	60	72.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	74.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	21.7	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	52	62.7	51.5	50.8
Residents requiring restraints.	24	28.9	39.5	41.3
Confused or disoriented residents.	62	74.7	61.4	58.4
Residents with bed sores.	5	6.0	8.0	7.1
Residents receiving special skin care.	25	30.1	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EWING PARKWAY NURSING HOME INC

Street Address: 1201 PARKWAY AVE	**City and State:** TRENTON NJ 08628

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 1	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	73.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	78	78.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	74	74.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	67.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	48.0	34.6	37.7
Completely bedfast residents.	1	1.0	2.2	3.4
Residents confined to chairs.	55	55.0	51.5	50.8
Residents requiring restraints.	49	49.0	39.5	41.3
Confused or disoriented residents.	37	37.0	61.4	58.4
Residents with bed sores.	3	3.0	8.0	7.1
Residents receiving special skin care.	4	4.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD HOUSE HOME FOR JEWISH AGED

Street Address: 53 WALTER ST		**City and State:** TRENTON NJ 08628	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	1	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	76.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	107	89.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	88	73.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	65.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	50.8	34.6	37.7
Completely bedfast residents.	3	2.5	2.2	3.4
Residents confined to chairs.	62	51.7	51.5	50.8
Residents requiring restraints.	65	54.2	39.5	41.3
Confused or disoriented residents.	64	53.3	61.4	58.4
Residents with bed sores.	13	10.8	8.0	7.1
Residents receiving special skin care.	19	15.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING JAMES CARE CENTER OF MERCER

Street Address: 1501 STATE HIGHWAY 33	**City and State:** TRENTON NJ 08690

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 1	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathering				
Residents requiring some or total assistance in bathing.	99	86.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	95.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	83.5	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	87.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	10	8.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	47.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	94	81.7	51.5	50.8
Residents requiring restraints.	75	65.2	39.5	41.3
Confused or disoriented residents.	83	72.2	61.4	58.4
Residents with bed sores.	7	6.1	8.0	7.1
Residents receiving special skin care.	44	38.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCER CONVALESCENT CENTER

Street Address: 439 BELLEVUE AVENUE	**City and State:** TRENTON NJ 08618

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	84.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	102	96.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	102	96.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	56.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	44.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	26.4	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	2	1.9	51.5	50.8
Residents requiring restraints.	84	79.2	39.5	41.3
Confused or disoriented residents.	86	81.1	61.4	58.4
Residents with bed sores.	3	2.8	8.0	7.1
Residents receiving special skin care.	62	58.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCER COUNTY GERIATRIC CENTER

Street Address: 2238 HAMILTON AVE	**City and State:** TRENTON NJ 08619

Participation: MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 234	**Medicare Residents:** 0	**Medicaid Residents:** 234

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	198	84.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	186	79.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	170	72.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	71.4	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	70.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	11	4.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	51.3	34.6	37.7
Completely bedfast residents.	19	8.1	2.2	3.4
Residents confined to chairs.	143	61.1	51.5	50.8
Residents requiring restraints.	90	38.5	39.5	41.3
Confused or disoriented residents.	157	67.1	61.4	58.4
Residents with bed sores.	29	12.4	8.0	7.1
Residents receiving special skin care.	81	34.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MILLHOUSE RES HEALTH CARE CENTER

Street Address: 325 JERSEY ST	**City and State:** TRENTON NJ 08611

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 3	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	75.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	139	82.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	139	82.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	82.2	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	74.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.6	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	28.4	34.6	37.7
Completely bedfast residents.	6	3.6	2.2	3.4
Residents confined to chairs.	50	29.6	51.5	50.8
Residents requiring restraints.	60	35.5	39.5	41.3
Confused or disoriented residents.	100	59.2	61.4	58.4
Residents with bed sores.	10	5.9	8.0	7.1
Residents receiving special skin care.	50	29.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEACREST VILLAGE NH

Street Address: CENTER ST	**City and State:** TUCKERTON NJ 08087

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	85.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	66	58.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	72.6	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	56.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	14.2	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	63	55.8	51.5	50.8
Residents requiring restraints.	59	52.2	39.5	41.3
Confused or disoriented residents.	65	57.5	61.4	58.4
Residents with bed sores.	10	8.8	8.0	7.1
Residents receiving special skin care.	46	40.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORNELL HALL CONVALESCENT CENTER

Street Address: 234 CHESTNUT STREET	**City and State:** UNION NJ 07083

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 1	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	75.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	119	75.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	108	68.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	71.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	68.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	34.4	34.6	37.7
Completely bedfast residents.	5	3.2	2.2	3.4
Residents confined to chairs.	72	45.9	51.5	50.8
Residents requiring restraints.	74	47.1	39.5	41.3
Confused or disoriented residents.	108	68.8	61.4	58.4
Residents with bed sores.	6	3.8	8.0	7.1
Residents receiving special skin care.	64	40.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BISHOP MCCARTHY RESIDENCE

Street Address: 1045 E CHESTNUT AVE	**City and State:** VINELAND NJ 08360

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 147	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 6	**Medicaid Residents:** 121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	91.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	139	94.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	120	81.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	81.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	74.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	67.3	34.6	37.7
Completely bedfast residents.	5	3.4	2.2	3.4
Residents confined to chairs.	101	68.7	51.5	50.8
Residents requiring restraints.	68	46.3	39.5	41.3
Confused or disoriented residents.	106	72.1	61.4	58.4
Residents with bed sores.	10	6.8	8.0	7.1
Residents receiving special skin care.	51	34.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDAN NURSING CENTER

Street Address: 3001 MERIDAN AVE	**City and State:** VOORHEES NJ 08043

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	76.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	135	83.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	122	75.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	78.4	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	69.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	20.4	34.6	37.7
Completely bedfast residents.	6	3.7	2.2	3.4
Residents confined to chairs.	65	40.1	51.5	50.8
Residents requiring restraints.	28	17.3	39.5	41.3
Confused or disoriented residents.	111	68.5	61.4	58.4
Residents with bed sores.	7	4.3	8.0	7.1
Residents receiving special skin care.	34	21.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPS MANOR NH

Street Address: 1120 ALPS RD	**City and State:** WAYNE NJ 07470

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	197	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
191	0	165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	166	86.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	178	93.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	154	80.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	74.3	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	60.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	19	9.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	86	45.0	34.6	37.7
Completely bedfast residents.	4	2.1	2.2	3.4
Residents confined to chairs.	125	65.4	51.5	50.8
Residents requiring restraints.	0	0.0	39.5	41.3
Confused or disoriented residents.	137	71.7	61.4	58.4
Residents with bed sores.	7	3.7	8.0	7.1
Residents receiving special skin care.	40	20.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW CONVALESCENT CENTER

Street Address: 130 TERHUNE DR	**City and State:** WAYNE NJ 07470

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 7	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	80.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	90.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	96	82.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.9	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.9	34.6	37.7
Completely bedfast residents.	1	0.9	2.2	3.4
Residents confined to chairs.	75	64.1	51.5	50.8
Residents requiring restraints.	65	55.6	39.5	41.3
Confused or disoriented residents.	61	52.1	61.4	58.4
Residents with bed sores.	15	12.8	8.0	7.1
Residents receiving special skin care.	65	55.6	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LLANFAIR HOUSE

Street Address: 1140 BLACK OAK RIDGE RD	**City and State:** WAYNE NJ 07470

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 5	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	55.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	114	66.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	104	60.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	62.8	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	63.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	16.9	34.6	37.7
Completely bedfast residents.	1	0.6	2.2	3.4
Residents confined to chairs.	66	38.4	51.5	50.8
Residents requiring restraints.	67	39.0	39.5	41.3
Confused or disoriented residents.	79	45.9	61.4	58.4
Residents with bed sores.	10	5.8	8.0	7.1
Residents receiving special skin care.	61	35.5	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH JERSEY NURSING CONV CENTER

Street Address: 269 HAMBURG TURNPIKE		**City and State:** WAYNE NJ 07470	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 14	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	92.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	90.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	77.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	80.9	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	75.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	40.9	34.6	37.7
Completely bedfast residents.	2	1.8	2.2	3.4
Residents confined to chairs.	72	65.5	51.5	50.8
Residents requiring restraints.	58	52.7	39.5	41.3
Confused or disoriented residents.	80	72.7	61.4	58.4
Residents with bed sores.	12	10.9	8.0	7.1
Residents receiving special skin care.	25	22.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK RIDGE MANOR NURSING CENTER

Street Address: 261 TERHUNE DRIVE	**City and State:** WAYNE NJ 07470

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 2	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	83.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	66.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.0	34.6	37.7
Completely bedfast residents.	2	1.7	2.2	3.4
Residents confined to chairs.	64	54.2	51.5	50.8
Residents requiring restraints.	47	39.8	39.5	41.3
Confused or disoriented residents.	77	65.3	61.4	58.4
Residents with bed sores.	28	23.7	8.0	7.1
Residents receiving special skin care.	28	23.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST CALDWELL CARE CENTER

Street Address: 165 FAIRFIELD AVE	**City and State:** WEST CALDWELL NJ 07006

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 3	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	72.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	89	83.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	68	63.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	64.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	55.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	35.5	34.6	37.7
Completely bedfast residents.	7	6.5	2.2	3.4
Residents confined to chairs.	44	41.1	51.5	50.8
Residents requiring restraints.	32	29.9	39.5	41.3
Confused or disoriented residents.	68	63.6	61.4	58.4
Residents with bed sores.	18	16.8	8.0	7.1
Residents receiving special skin care.	48	44.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEADER NURSING & REHAB CENTER

Street Address: 550 JESSUP ROAD		**City and State:** WEST DEPTFORD NJ 08066	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 3	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	81.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	51	85.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	37	61.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	71.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.3	34.6	37.7
Completely bedfast residents.	2	3.3	2.2	3.4
Residents confined to chairs.	3	5.0	51.5	50.8
Residents requiring restraints.	21	35.0	39.5	41.3
Confused or disoriented residents.	18	30.0	61.4	58.4
Residents with bed sores.	6	10.0	8.0	7.1
Residents receiving special skin care.	4	6.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILFORD MANOR

Street Address: 69 MAPLE RD		**City and State:** WEST NEW MILFORD NJ 07480	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	87.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	91	92.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	84	85.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	86.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	49.0	34.6	37.7
Completely bedfast residents.	3	3.1	2.2	3.4
Residents confined to chairs.	66	67.3	51.5	50.8
Residents requiring restraints.	69	70.4	39.5	41.3
Confused or disoriented residents.	74	75.5	61.4	58.4
Residents with bed sores.	12	12.2	8.0	7.1
Residents receiving special skin care.	15	15.3	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAUGHTERS OF ISRAEL NURSING HOME

Street Address: 1155 PLEASANT VALLEY WAY	**City and State:** WEST ORANGE NJ 07052

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 286	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 280	**Medicare Residents:** 1	**Medicaid Residents:** 231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	243	86.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	243	86.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	214	76.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	182	65.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	55.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	28.9	34.6	37.7
Completely bedfast residents.	2	0.7	2.2	3.4
Residents confined to chairs.	72	25.7	51.5	50.8
Residents requiring restraints.	28	10.0	39.5	41.3
Confused or disoriented residents.	78	27.9	61.4	58.4
Residents with bed sores.	3	1.1	8.0	7.1
Residents receiving special skin care.	280	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL CENTER FOR WOMEN GREEN HILL

Street Address: 103 PLEASANT VALLEY WAY	**City and State:** WEST ORANGE NJ 07052

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	83.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	83.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	79.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	33.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	25.0	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	10	13.9	51.5	50.8
Residents requiring restraints.	14	19.4	39.5	41.3
Confused or disoriented residents.	50	69.4	61.4	58.4
Residents with bed sores.	1	1.4	8.0	7.1
Residents receiving special skin care.	10	13.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHFIELD MANOR NH

Street Address: 777 NORTHFIELD AVE	**City and State:** WEST ORANGE NJ 07052

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 4	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	59.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	114	95.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	114	95.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	77.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	15.8	34.6	37.7
Completely bedfast residents.	2	1.7	2.2	3.4
Residents confined to chairs.	19	15.8	51.5	50.8
Residents requiring restraints.	90	75.0	39.5	41.3
Confused or disoriented residents.	90	75.0	61.4	58.4
Residents with bed sores.	8	6.7	8.0	7.1
Residents receiving special skin care.	85	70.8	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THERESA GROTTA CTR FOR REST SVS

Street Address: 20 SUMMIT STREET		**City and State:** WEST ORANGE NJ 07052	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	10	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	88.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	102	78.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	95	73.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	87.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	70.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	22.3	34.6	37.7
Completely bedfast residents.	1	0.8	2.2	3.4
Residents confined to chairs.	73	56.2	51.5	50.8
Residents requiring restraints.	49	37.7	39.5	41.3
Confused or disoriented residents.	54	41.5	61.4	58.4
Residents with bed sores.	3	2.3	8.0	7.1
Residents receiving special skin care.	130	100	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER OF WESTFIELD

Street Address: 1515 LAMBERTS MILL RD		**City and State:** WESTFIELD NJ 07090	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	169	82.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	172	83.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	152	74.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	75.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	71.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	31.2	34.6	37.7
Completely bedfast residents.	4	2.0	2.2	3.4
Residents confined to chairs.	98	47.8	51.5	50.8
Residents requiring restraints.	96	46.8	39.5	41.3
Confused or disoriented residents.	146	71.2	61.4	58.4
Residents with bed sores.	20	9.8	8.0	7.1
Residents receiving special skin care.	87	42.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN MANOR NH

Street Address: 23 SCHOOLHOUSE RD	**City and State:** WHITING NJ 08759

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	79.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	75.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	74.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	73.0	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	67.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	33.3	34.6	37.7
Completely bedfast residents.	3	1.7	2.2	3.4
Residents confined to chairs.	111	63.8	51.5	50.8
Residents requiring restraints.	73	42.0	39.5	41.3
Confused or disoriented residents.	127	73.0	61.4	58.4
Residents with bed sores.	21	12.1	8.0	7.1
Residents receiving special skin care.	52	29.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW VIEW NURSING CONVALESCENT CENT

Street Address: 1328 BLACK HORSE PIKE	**City and State:** WILLIAMSTOWN NJ 08094

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	85.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	47	95.9	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	73.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	16.3	34.6	37.7
Completely bedfast residents.	4	8.2	2.2	3.4
Residents confined to chairs.	26	53.1	51.5	50.8
Residents requiring restraints.	24	49.0	39.5	41.3
Confused or disoriented residents.	26	53.1	61.4	58.4
Residents with bed sores.	4	8.2	8.0	7.1
Residents receiving special skin care.	16	32.7	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

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NURSING HOME PROFILE
GREENBRIAR NURS CONV CTR

Street Address: GREENBRIAR NURSING CONV CTR		**City and State:** WOODBURY NJ 08096	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 206	**Medicare Residents:** 6	**Medicaid Residents:** 148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	76.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	176	85.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	67.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	77.7	75.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	141	68.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	14	6.8	3.2	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	35.0	34.6	37.7
Completely bedfast residents.	6	2.9	2.2	3.4
Residents confined to chairs.	131	63.6	51.5	50.8
Residents requiring restraints.	69	33.5	39.5	41.3
Confused or disoriented residents.	143	69.4	61.4	58.4
Residents with bed sores.	18	8.7	8.0	7.1
Residents receiving special skin care.	40	19.4	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODCLIFF LAKE MANOR NH

Street Address: 555 CHESTNUT RIDGE ROAD		**City and State:** WOODCLIFF LAKE NJ 07675	
Participation: MEDICARE SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	79.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	41	95.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	41	95.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	93.0	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	79.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	39.5	34.6	37.7
Completely bedfast residents.	1	2.3	2.2	3.4
Residents confined to chairs.	34	79.1	51.5	50.8
Residents requiring restraints.	14	32.6	39.5	41.3
Confused or disoriented residents.	8	18.6	61.4	58.4
Residents with bed sores.	7	16.3	8.0	7.1
Residents receiving special skin care.	9	20.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDS HOME AT WOODSTOWN

Street Address: FRIENDS DRIVE PO BOX 249	**City and State:** WOODSTOWN NJ 08098

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	71.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	49	87.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	40	71.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	66.1	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	73.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	42.9	34.6	37.7
Completely bedfast residents.	0	0.0	2.2	3.4
Residents confined to chairs.	25	44.6	51.5	50.8
Residents requiring restraints.	16	28.6	39.5	41.3
Confused or disoriented residents.	39	69.6	61.4	58.4
Residents with bed sores.	1	1.8	8.0	7.1
Residents receiving special skin care.	33	58.9	29.9	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN HEALTH CARE CENTER

Street Address: 301 SICOMAC AVENUE	**City and State:** WYCKOFF NJ 07481

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	85.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	88.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	90	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	86.7	75.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	64.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	38.3	34.6	37.7
Completely bedfast residents.	5	4.2	2.2	3.4
Residents confined to chairs.	53	44.2	51.5	50.8
Residents requiring restraints.	53	44.2	39.5	41.3
Confused or disoriented residents.	73	60.8	61.4	58.4
Residents with bed sores.	6	5.0	8.0	7.1
Residents receiving special skin care.	30	25.0	29.9	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	8	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	19	6.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	54	19.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	8	2.9	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.7	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	20	7.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	72	26.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	66	23.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	28	10.1	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	13.7	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	40	14.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	39	14.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	67	24.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	50	18.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	201	72.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	39	14.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	68	24.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	1.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	1.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	41	14.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	1.1	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	5	1.8	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	105	37.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	2.2	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	50	18.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	4.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	158	57.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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